

January 2007

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# HEALTH INSURANCE COVERAGE

*in Maryland*

THROUGH 2005



Stephen J. Salamon, Chairman

Rex W. Cowdry, M.D., Executive Director



## *Letter from the Chairman*

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*Access to health care insurance affects all residents of Maryland. Those without insurance are at greater risk should they fall ill, and those with insurance pay more due to the costs of uncompensated care. Together with the Maryland Insurance Administration, the MHCC designs private insurance products for the small group insurance market and for individuals who have difficulty in obtaining insurance. So that policymakers and others interested in practical solutions have a common starting point for understanding the problems of the uninsured, the MHCC staff analyzes and publishes impartial and timely information on insurance coverage in the state biannually.*

*Lack of insurance coverage is a complex problem. Employment, family income, age, composition of the family, and availability of affordable products play important roles. The MHCC is releasing this report at a time of renewed interest in expanding insurance coverage. The need for new options has grown. This report shows that although the share and number of Marylanders who are uninsured remained stable from 2002–2003 to 2004–2005, the trend toward lower rates of private coverage and higher rates of public coverage is continuing. The share of nonelderly residents with any private insurance fell, driven by declines in employer-sponsored coverage. If employer-sponsored coverage is to continue to be a primary source of insurance for both workers and their dependents, we must look toward providing new products that are less expensive and attractive to both employers and employees and that can be supported by the insurance industry. Health insurance must be affordable to be accessible.*

*This report provides timely information on the number of Marylanders who are uninsured, characteristics of the uninsured, and possible reasons why that population may not have access to or value insurance at its current price. I believe that this report will inform policymakers and assist in the development of prudent policies to reduce the number of uninsured.*

Stephen J. Salamon, Chairman

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# *Health Insurance Coverage in Maryland Through 2005*

A REPORT ON THE PATTERNS  
OF INSURANCE COVERAGE  
IN MARYLAND



JANUARY 2007

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# Overview

This report contains information on the health insurance status of the nonelderly (under-age-65) population in Maryland as of 2004–2005. It is designed to meet the needs of those who wish to understand broad patterns and trends in the state's health insurance coverage, as well as those who require more detailed information. A look at the contents follows.

- **About These Estimates** describes who is likely to be included in the coverage or uninsured rates, the data source and why two years are averaged together, and what is meant by a Medicaid "undercount."
- **Key Comparisons** contains 30 figures that compare coverage rates among key populations and describe the nonelderly uninsured in considerable detail. For the sake of brevity, the accompanying text generally avoids listing the numbers displayed in the figure. Instead, this text frequently describes supplemental numbers that are useful in interpreting the information presented in the figure; values not displayed elsewhere are usually included.
- **Tables 1–4** list information on insurance coverage status by demographic characteristics, income and employment for all nonelderly, children, adults, and adult workers.
- **Tables 5–8** compare the distribution of Maryland's nonelderly population to the distribution of the uninsured by the characteristics included in Tables 1–4.

All tables and most figures are based on two-year averages of survey data for 2004–2005—the most current period for which information is available. Some are supplemented with information from prior periods, principally 2002–2003. The data for 2002–2003 can be found in our previous report<sup>1</sup>; the analyses in that and this report are nearly identical to enable comparisons over time.

The 2004–2005 nonelderly uninsured rate is 15.8%, with an average of about 780,000 nonelderly uninsured Maryland residents per year. These statistics probably reflect persons who were uninsured for

four or more months of the year; given that the typical (median) uninsured spell is about 5.6 months, these statistics likely capture the majority of persons who were uninsured at some point during the year. The uninsured rate for all residents, 14.2%, is lower because it includes the elderly who are nearly all insured by Medicare<sup>2</sup>. During the period from 2000–2001 through 2004–2005, Maryland experienced a significant<sup>3</sup> increase in its two-year-average nonelderly uninsured rate—from 12.8% in 2000–2001 to 15.3% in 2002–2003—but the rate was statistically stable from 2002–2003 to 2004–2005.

From 2000–2001 through 2004–2005, insurance coverage among Maryland's residents shifted out of private coverage into public coverage, which, for the nonelderly, is predominantly Medicaid. The private coverage rate fell from 82% (2000–2001) to 77% (2002–2003) to 75% (2004–2005), due to reductions in employment-based coverage. Conversely, the Medicaid rate rose in each of these time periods: from 6% to 7% to 9%; Other Public coverage (Medicare and military) also rose in 2004–2005 (from 5% to 7%). During 2002–2003, however, the rise in public coverage was insufficient to offset the decline in private coverage, resulting in a higher uninsured rate. The Maryland trends generally mirrored the national average over this time period with respect to which rates rose or fell; however, the nationwide uninsured rate slightly increased in 2004–2005. (National trends reflect an amalgam of changes in both coverage rates and population size, which can vary significantly across the regions of the country. For instance, in 2004–2005 the employment-based coverage rate in the Northeast region was stable, while the South posted both a decline in this rate and sufficient population growth to raise its share of the nonelderly nationwide, increasing its influence on the national average.)

The decline in private insurance coverage among Maryland's nonelderly from 2002–2003 to 2004–2005 did not occur in all demographic groups, however. There was no change in the private or employment-based coverage rates among adult workers or adult men and no change in their uninsured rates. In children (under age 19), there was a reduction in private coverage that was matched by a corresponding increase in public coverage. (It cannot be determined whether this apparent substitution of public for private coverage among children was voluntary or involuntary.) Adult women also exhibited a decline in private coverage, with the change occurring primarily in single women. The reduction in private coverage among single women parallels increases in the percentages of single women who are low income (up to 200% of the poverty level)<sup>4</sup> and non-working. But even with the reduction, single women continue to have a higher rate of private coverage compared to single men, despite having lower incomes than single men. Consequently, the uninsured rate of single women is well below the rate of single men.

Curiously, there was a significant increase in the privately insured rate among members of families in which none of the adults graduated from high school. This reduced their uninsured rate—as well as their share of the uninsured—but their rate is still high (37%). Among families in which one or more adults graduated from college, the reverse is true: relatively less private coverage, a higher uninsured rate and a larger share of the uninsured. However, the higher uninsured rate for this population was concentrated in families with incomes under 401% of the poverty level, with no significant change among those with higher incomes. Private coverage also declined among members of families in which an adult had some college, but there was a corresponding increase in their public rate, leaving their

collective uninsured rate unchanged. However, within this population, the uninsured rate was significantly higher among those with lower moderate incomes (data not shown).

The reduction in the uninsured rate among families with low educational attainment seems to echo in a rate decline among the near poor (101%–200% poverty level), which similarly reduced their share of the uninsured. Another indicator of relatively more coverage in certain disadvantaged populations in 2004–2005 is a significantly lower uninsured rate among low-income adults ages 19–34, resulting in a smaller share of the uninsured from this demographic group. (This reduction was balanced by small, statistically insignificant changes in the other shares.)

The uninsured rate also fell in families with workers in smaller private firms (fewer than 100 employees). But those living in families without any adult workers were not caught up in this trend: their uninsured rate increased. As a consequence, the distribution of uninsured by family work status shifted to include relatively more non-workers and their family members, and relatively fewer in families with workers at smaller private firms. Among workers in larger private firms and their family members, there was a decline in private coverage that was nearly offset by more public coverage, with no significant change in their uninsured rate.

The uninsured rate among Hispanics declined, although it did not change their share of the uninsured. Uninsured Hispanics are less likely to be low income and more likely to have family incomes above 400% of the poverty level, reflecting a rise in income for this population. In contrast, the share of Blacks reporting low incomes increased to about one-third, although it did not increase their relative share of the uninsured, in part

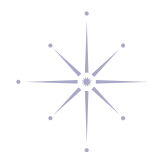
due to an increase in the uninsured rate for Whites with lower moderate incomes. The share of uninsured accounted for by non-citizens did not change significantly, but mirrored the shift in income demonstrated by Hispanics.

As in prior years, Maryland's nonelderly uninsured rate in 2004–2005 is below the comparable national average (17.7%) due to a higher rate of employment-based coverage. Maryland's employment-based coverage rate is higher primarily because the state's private sector workers—especially workers for smaller (fewer than 100 employees) private firms—have a rate above the national average. Further, Maryland has relatively fewer adults who are unemployed and relatively more federal employees, whose employment-based coverage rate is above the national average for federal workers.

Maryland's Medicaid rate is below the national average mainly due to greater affluence: 51% of the state's nonelderly residents have family incomes above 400% of poverty—typically \$62,880 for a family of three in 2005—compared to 39% nationwide. Maryland Medicaid covers a lower percentage of adults in poverty than the national average, but the impact of this policy on the state's Medicaid rate is small. Maryland's coverage rates among adults at or below the poverty level during 2004–2005 were 21% Medicaid, 25% private insurance, 6% other public, and 47% uninsured, compared to national averages of 30% Medicaid, 22% private insurance, 5% other public, and 44% uninsured. If the Medicaid rate in Maryland's poor adults is increased sufficiently to make their uninsured rate equal the national rate for poor adults, Medicaid enrollment in Maryland would rise by about 11,000, leaving the state's overall Medicaid and uninsured rates unchanged. (This model assumes that the higher rates of private and other public

insurance among poor adults in Maryland substitute for some of the Medicaid coverage in poor adults nationwide.) If an increase in the poverty level requirement for Maryland Medicaid induced adults to switch from private or military coverage to Medicaid, then the net reduction in the uninsured rate among the state's poor adults could be smaller.

Compared to national averages for 2004–2005, Maryland's uninsured are less likely to be near poor and more likely to have family incomes above 400% of the poverty level<sup>5</sup>: 24% versus 17%. Uninsured rates in Maryland by racial/ethnic group are more similar to national averages than in prior years, with a significant difference occurring only in non-Hispanic Whites. But because the state's demographic composition differs from the national average, Maryland's uninsured are twice as likely to be non-Hispanic Black and less likely to be either Hispanic or White. Maryland's uninsured rates for immigrants (by citizenship status) are similar to the national averages, but the rate for native citizens is lower. Non-citizens comprise a higher share of the uninsured in Maryland than nationwide.



1 [http://mhcc.maryland.gov/health\\_care\\_expenditures/insurance\\_coverage/healthinsrpt112404.pdf](http://mhcc.maryland.gov/health_care_expenditures/insurance_coverage/healthinsrpt112404.pdf)

2 The all-ages uninsured rate, like the nonelderly rate, increased significantly from 2000–2001 (11.6%) to 2002–2003 (13.6%), but was statistically stable from 2002–2003 to 2004–2005.

3 Statistical testing was done using a 90% confidence interval, which is the Census Bureau standard for the CPS.

4 The 200% poverty level for a typical family of three in 2005 was \$31,440.

5 The 400% poverty level for a typical family of three in 2005 was \$62,880.

# About These Estimates

## What data is this report based on?

Unless otherwise noted, the data in this report come from analyses of the U.S. Census Bureau's Current Population Survey (CPS), March 2001 through March 2006 Annual Social and Economic Supplements (ASEC). The primary purpose of the CPS is to collect labor force data, but the ASEC is the main source of information on health insurance coverage in the United States. The CPS-ASEC is designed to produce information for the U.S. as a whole and for each state; *however, it cannot produce sub-state analyses for Maryland*. It is a household survey (with the sample selected from a list of households) rather than a telephone-based survey. The March 2006 CPS-ASEC includes 1,685 Maryland households containing 4,700 persons.<sup>1</sup> The survey gathers information for all ages, but this report focuses on Maryland's nonelderly (under-age-65) population because nearly all of the elderly are covered by Medicare. Additional information about health insurance in the CPS-ASEC is available at <http://www.census.gov/hhes/www/hlthins/hlthins.html>.

## Who is included in the coverage rates?<sup>2</sup>

A study by Census Bureau staff compared the CPS-ASEC rates to the duration of coverage reported in the Survey of Income Program Participation (SIPP). The study found that the CPS rate for private insurance coverage was closest to the share of persons who reported eight or more months of private coverage in the SIPP.<sup>3,4</sup> The share of persons with government health insurance (Medicare, Medicaid, or military) in the CPS was comparable to those reporting six or more months of government coverage in the SIPP.<sup>5,6</sup>

About 7% of Maryland's nonelderly residents with health insurance report having had more than one type of coverage on the CPS-ASEC.<sup>7</sup> Figure 2 of this report shows the total percentage of nonelderly residents who reported having had each type of coverage; consequently the sum of percents for this figure exceeds 100%. To simplify discussions of coverage, in all other figures, persons who reported multiple coverage have been assigned to a single category, making the sum of all types of coverage equal to 100%. The rules for the assignment are hierarchical and are described in the Table Endnotes under item b on page 36.<sup>8</sup>

The Census Bureau recently revised the health insurance algorithms that assign coverage for dependents, resulting in very small increases in both the public and private health insurance rates beginning with calendar year (CY) 2004. The effect on the overall coverage rate in Maryland's nonelderly is an increase of about 0.4 percentage points, with about a 0.5 percentage point increase in private coverage and a 0.2 percentage point increase in Medicaid coverage. The effect is most noticeable in young adults, ages 19–24, whose overall coverage rate grew by almost 2 percentage points. As a result, the uninsured rate for Maryland's young adults now appears to be lower than the uninsured rate for adults 25–29, although the two rates are not statistically different.

## What does the uninsured rate represent?

The same Census Bureau study found that the uninsured rates from the CPS-ASEC appear to reflect the percentage of persons who were without health insurance for four or more months of

the year. Given that the typical (median) length of an uninsured spell is about 5.6 months<sup>9</sup>, the CPS uninsured rate likely captures the majority of residents who experienced an uninsured spell during the year. Whatever the CPS uninsured rate reflects, it can be reliably used to measure *changes* in coverage over time.

## What do you mean by “estimated” and why are two years averaged together?

The numbers and rates generated from surveys (known as point estimates)—which are based on a sample of the population—are unlikely to be identical to the “true” values that would result from polling everyone. Estimates from good surveys, however, can be relatively close to the true population values. Just how close is a function of several factors, including the number of persons in the sample. Due to the relatively small sample sizes for most states, the Census Bureau recommends that states average two years of CPS-ASEC data to track changes over time in their uninsured rate and three years of data for cross-state comparisons. Given the imprecision in the estimates, all rates presented here for sub-populations are rounded to the nearest percent and the population counts are rounded to the nearest 10,000. (Due to rounding, the percentages in some figures/tables may not total 100% and the population numbers may not equal the population total.)

Even with combined years of data, small sample sizes can interfere with the calculation of rates for sub-populations within Maryland, such as rates by income level or race/ethnicity. The point estimates constructed from small samples are very imprecise, meaning they are not necessarily close to the true

values. Consequently, small differences among rates for sub-populations are usually not statistically significant, and even apparently large differences cannot be assumed to be statistically significant. (Tests of statistical significance are used to determine whether the “true” numbers or rates being estimated are likely to be different, given both the value of the difference in the estimates and the sample sizes that generated the estimates.) Statistical testing was done using a 90% confidence interval, which is the Census Bureau standard for the CPS. Due to staffing and time limitations, we restricted statistical testing to just those cases with a strong possibility of being statistically significant; these cases are noted in the Key Comparisons section. The information in the Tables section did not undergo statistical testing.

## What about the Medicaid “undercount”?

The number of residents with Medicaid coverage in the CPS-ASEC is consistently below the administrative counts of Medicaid enrollees, both at national and state levels. In addition to the likelihood that the CPS Medicaid numbers probably represent only those enrolled in Medicaid for the majority of the year (discussed above), administrative enrollment numbers include persons residing in institutions such as nursing homes, who are not included in the CPS survey, and often include all persons who received any type of assistance, without regard to whether that assistance would be viewed as “having health insurance” by the beneficiary.<sup>10</sup>

Historically, the CPS-ASEC undercount of Maryland Medicaid has been relatively larger than in other states.

A study by the Department of Health and Mental Hygiene and the Center for Health Program Development and Management surveyed known Medicaid enrollees and found that the inclusion of the term “Medical Assistance” as one of the alternate program names for Maryland Medicaid (in the CPS-ASEC question regarding Medicaid coverage) improved the likelihood that respondents would identify themselves as having been enrolled in Medicaid.<sup>11</sup> The Census Bureau subsequently revised the relevant question in the Maryland version of the CPS-ASEC beginning with the March 2006 survey, and as a result, the undercount of Maryland Medicaid for CY2005 is similar to the national average. The effect of the question change on the Medicaid rate in Maryland’s nonelderly is estimated to be about a one percentage point increase in CY2005. However, the modified question appears to have increased reporting of Medicaid in some age groups more than others, most notably young children (ages 0–9) and young adults (ages 19–29).



1 The CPS-ASEC sample was recently adjusted to reflect the 2000 Census, and as result, the Maryland sample has increased.

2 Census recently revised the health insurance edit specifications for the ASEC, which has resulted in very small increases in both the public and private health insurance rates beginning with CY2004. The effect on the overall coverage rate in Maryland’s nonelderly is an increase of about 0.4 percentage points.

3 Bhandari, S. 2004, *People With Health Insurance: A Comparison of Estimates from Two Surveys*, U.S. Census Bureau.

4 Persons with eight months or more of private coverage during the year in the SIPP accounted for 87% of those reporting any private coverage.

5 Those with six months or more of public coverage during the year in the SIPP accounted for 82% of those reporting any government coverage.

6 This study included persons of all ages for whom Medicare comprises the majority of government coverage. In the nonelderly, however, Medicaid is the predominant form of government coverage. Consequently, the CPS government coverage rate in the nonelderly may reflect a somewhat different duration of coverage in the SIPP. See endnote 7.

7 Among the privately insured, about 5% report also having had some type of public insurance. A quarter of those with Medicaid report multiple coverage: 15% private insurance and 10% other public coverage. Almost two-thirds of those with other public coverage (military or Medicare) cite multiple coverage. Among those with military coverage, the other insurance is predominantly employment-based; among those with Medicare, it is usually Medicaid. Because the CPS-ASEC asks about all types of coverage over a 12-month period, the multiple-coverage types reported by some respondents could have occurred simultaneously or sequentially during the year.

8 Because Medicaid is assigned first, the Medicaid percentages in Figures 1 and 2 match, but the percentages for the other coverage categories are all smaller in Figure 1 than in Figure 2. The gap is especially significant for other public coverage, the majority of which is absorbed into the Medicaid and employment-based categories in Figure 1 due to the order of the hierarchy.

9 Bhandari, S. and R. Mills, 2003, *Dynamics of Economic Well-Being: Health Insurance 1996–1999*, U.S. Census Bureau.

10 For example, the under-age-65 Maryland Medicaid enrollees likely to report Medicaid on CPS-ASEC would be those enrolled in Managed Care Organizations (MCOs) for most of the preceding year if we make the following assumptions: a) coverage benefits need to include hospitalization to qualify as “health insurance”; b) persons are likely to report health insurance only if enrolled for most of the year; and c) persons dually enrolled in Medicare and Medicaid may report only their Medicare coverage (which gives them access to more physicians). A comparison of the number reporting Medicaid in the CPS-ASEC with Maryland MCO enrollment-by-duration for CY2005 indicates that the CPS Medicaid count appears to reflect the number of MCO enrollees with seven or more months of Medicaid coverage during the year, which represents about 77% of all MCO enrollees in CY2005.

11 Eberly, T., M. Pohl, and S. Davis, 2005, “The Maryland Current Population Survey Medicaid Undercount Study” [http://www.chpdm.org/publications/CPSSurvey\\_Report%20July%2025%202005.pdf](http://www.chpdm.org/publications/CPSSurvey_Report%20July%2025%202005.pdf)

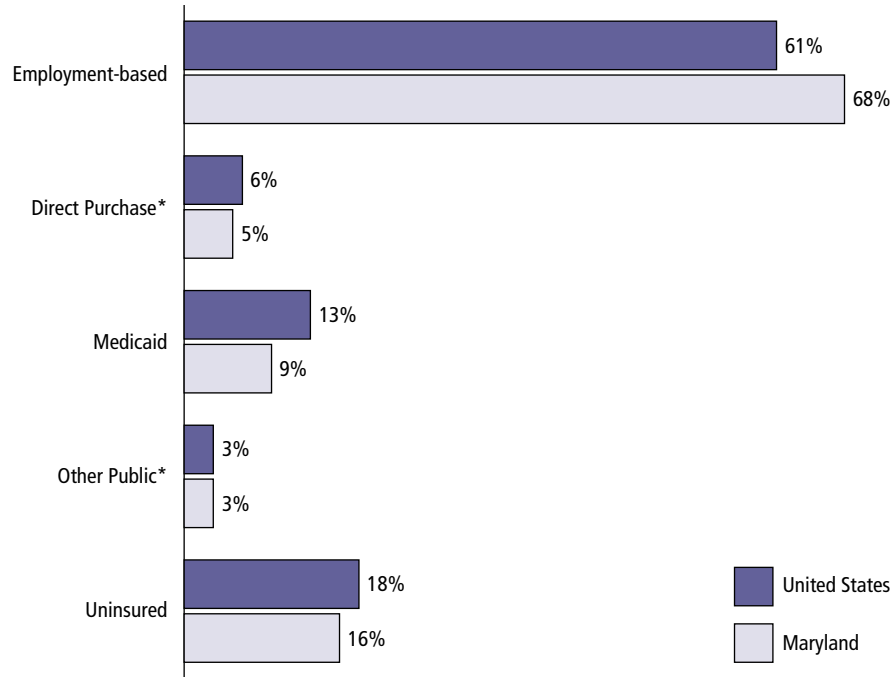


# *Key Comparisons*



**Figure 1: Health Insurance Coverage of the Nonelderly: Maryland and United States, 2004–2005**

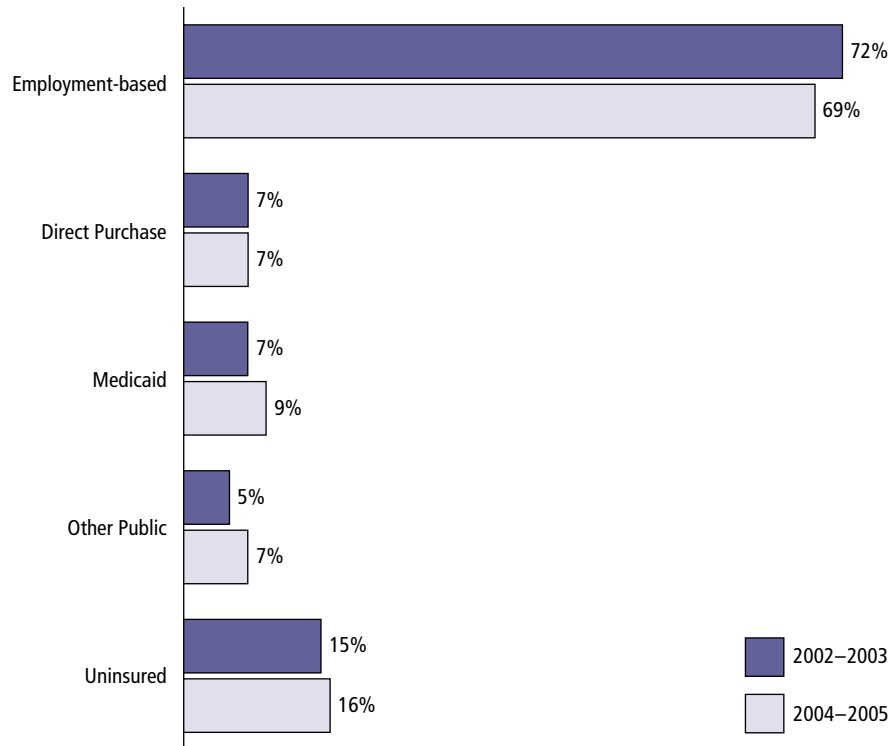
The primary source of health insurance is employment-based coverage, which is more common in Maryland than nationwide. As a result, the state’s two-year average uninsured rate is below the national rate. Maryland has one of the nation’s lowest poverty rates, which results in a Medicaid rate below the national average. (This figure, like most in this report, uses a hierarchy that limits persons with multiple coverage types to one category so that the total equals 100%—see Table Endnote b.)



\*Direct-purchase includes private insurance: source unknown.  
\*Other Public includes Medicare and military-related coverage.

**Figure 2: Health Insurance Coverage of the Nonelderly, 2002–2003 to 2004–2005**

Maryland’s two-year-average nonelderly uninsured rate nominally shifted from 15.3% in 2002–2003 to 15.8% in 2004–2005, but the change is not statistically significant (using a 90% confidence interval). However, there was a significant decline in employment-based coverage during this period from about 72% to 69%. Increases in Medicaid and Other Public coverage rates over this period offset the reduction in employment-based coverage. (In this analysis, persons can have multiple sources of coverage, hence the higher rates compared to Figure 1 for all but Medicaid.)



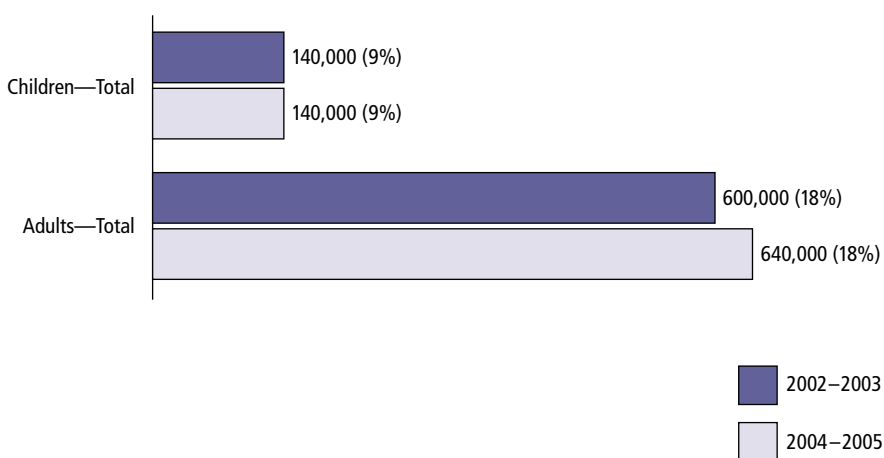
**Figure 3: Trends in Health Insurance Coverage, 2000–2001 through 2004–2005**

From 2000–2001 through 2004–2005, insurance coverage among Maryland’s nonelderly residents shifted away from private coverage and into public coverage. Significant declines in private coverage in 2002–2003 and 2004–2005 were driven by reductions in employment-based coverage. Conversely, the Medicaid rate rose in each of these time periods. During 2002–2003, however, the rise in public coverage was insufficient to offset the decline in private coverage, resulting in a higher uninsured rate. The Maryland trends echoed the nation over this period with respect to which rates rose or fell, except that the nationwide uninsured rate increased slightly from 2002–2003 to 2004–2005.

Coverage Type	2000–2001	2002–2003	2004–2005
Private	82%	77%	75%
Employment-based	77%	72%	69%
Medicaid	6%	7%	9%
Uninsured	13%	15%	16%

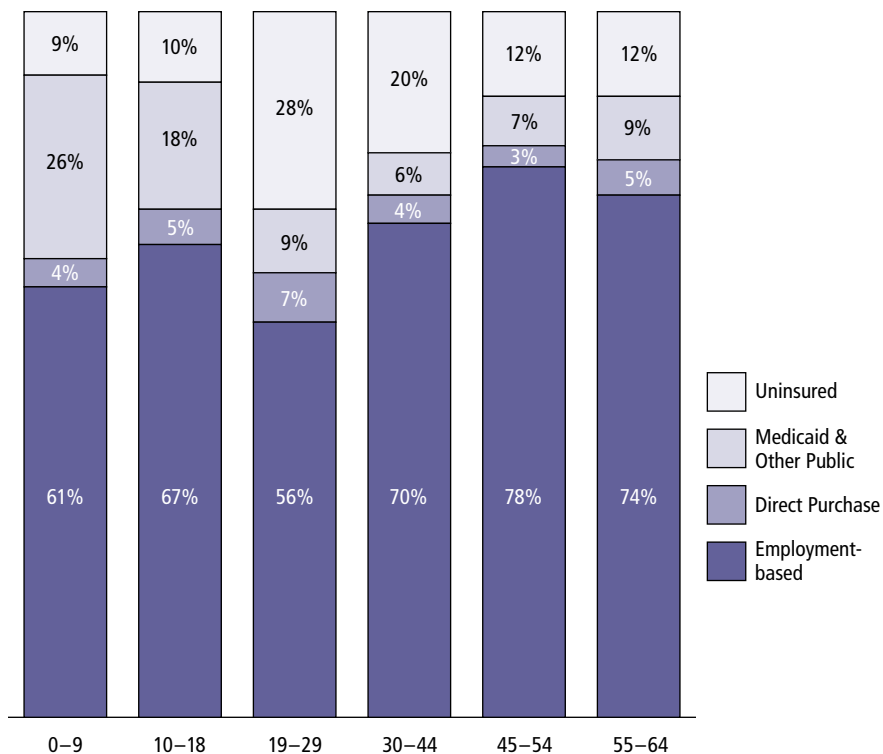
**Figure 4: Changes in the Percent and Number of Uninsured Children and Nonelderly Adults, 2002–2003 to 2004–2005**

The two-year average uninsured rates for children and adults, along with the number of uninsured children, were unchanged from 2002–2003 to 2004–2005. The apparent increase in the number of uninsured adults was not statistically significant.



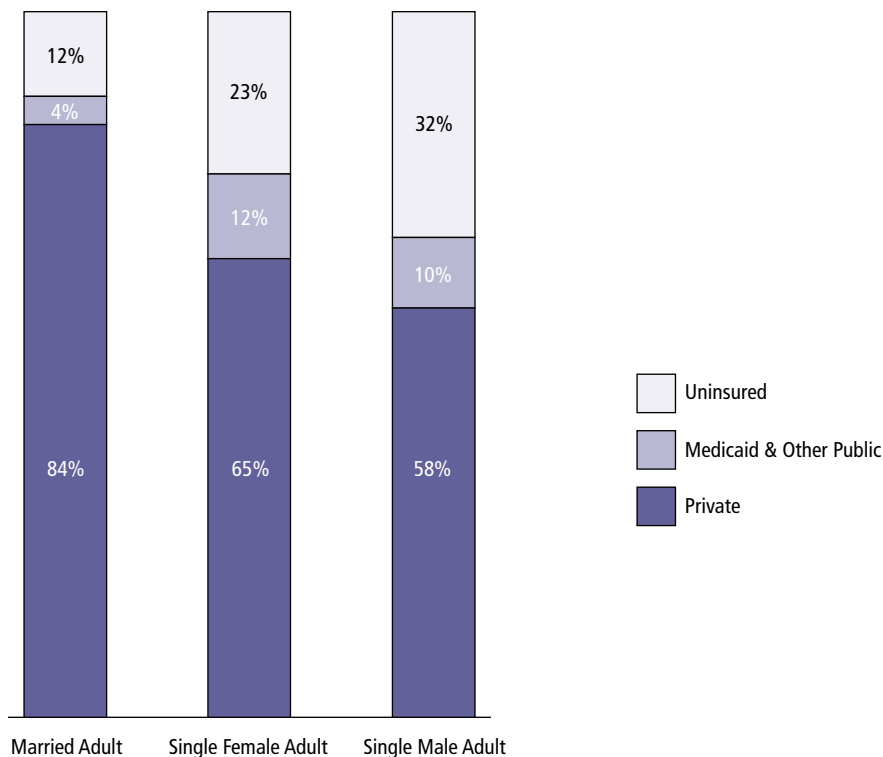
**Figure 5: Health Insurance Coverage of the Nonelderly by Age, 2004–2005**

As is the case nationwide, young adults, ages 19–29, in Maryland have the highest risk of being uninsured of any age group, mainly due to their level of employment-based coverage, which is significantly lower than all other age groups except children ages 0–9. All children and adults ages 45–64 are the groups most likely to be insured. From 2002–2003 to 2004–2005, children ages 0–18 exhibited declines in employment-based insurance that were offset by increases in Medicaid coverage (including the Children’s Health Insurance Program), resulting in stable uninsured rates.



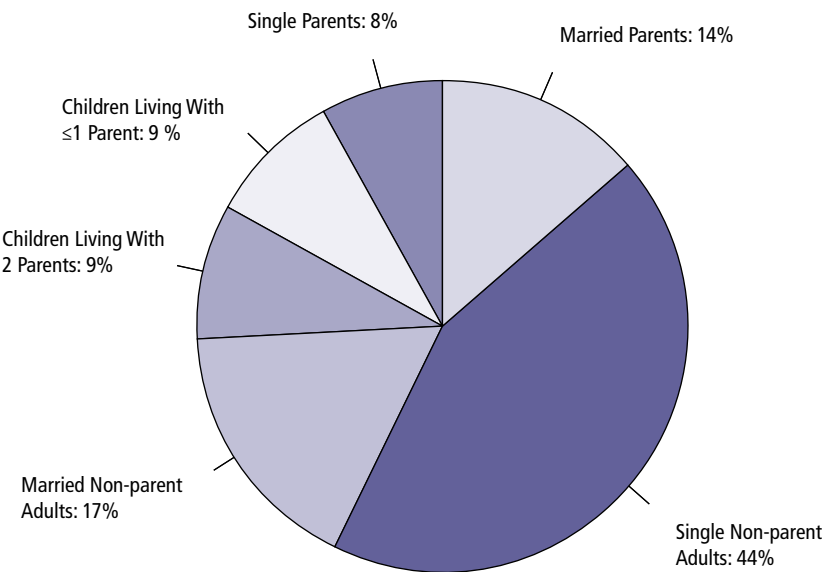
**Figure 6: Health Insurance Coverage of Nonelderly Adults by Marital Status and Gender, 2004–2005**

Compared to single adults, married adults are more likely to be insured, probably because they tend to be older, with higher incomes and—if both spouses have jobs—increased access to employment-based insurance. Among single adults, the uninsured rate varies by gender, with females more likely to be insured (regardless of age) because of a higher rate of private insurance. Single females have lower family incomes than single males, so the observed female-male coverage gap is not income-related. This gap reflects different attitudes toward health insurance and possibly dissimilar access to employment-based insurance due to job choices. Comparing 2004–2005 to 2002–2003, however, single women are less likely to have private coverage (71% versus 65%), due to lower incomes (36% low-income versus 29%) and relatively more non-workers (22% versus 17%).



**Figure 7: The Nonelderly Uninsured by Children/Parent Status, 2004–2005**

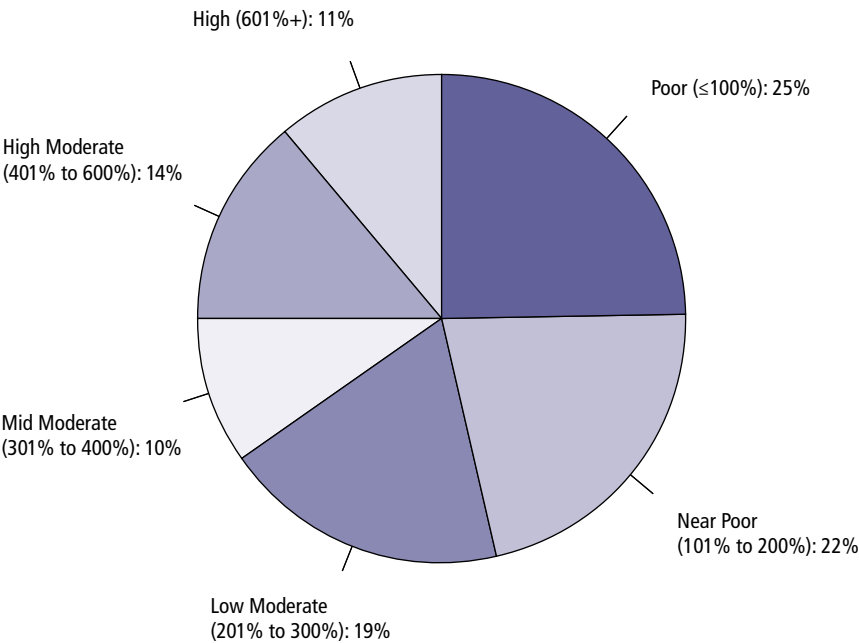
Adults without dependent children younger than age 19 comprise the majority (61%) of Maryland’s uninsured, and most of them are single. Single, non-parent adults are a disproportionate share of the uninsured: they are just one-fourth of all nonelderly but account for 44% of the uninsured. Single parents are 5% of all nonelderly but comprise 8% of the uninsured.



Total=780,000 uninsured

**Figure 8: The Nonelderly Uninsured by Poverty Level, 2004–2005**

Persons in families above 200% of the poverty level comprise the majority (53%) of Maryland’s uninsured. About one-fourth of the uninsured have incomes above 400% of the poverty level, compared to 17% nationwide. The Near Poor proportion of Maryland’s uninsured changed from 28% in 2002–2003 to 22% in 2004–2005, driven by a decline in the uninsured rate for this group. The uninsured rate did not change significantly for any other poverty level. (For a family of three in 2005, 200% of the poverty level is typically \$31,440 and 400% of the poverty level is typically \$62,880. See Table Endnote d for other levels.)



Total=780,000 uninsured

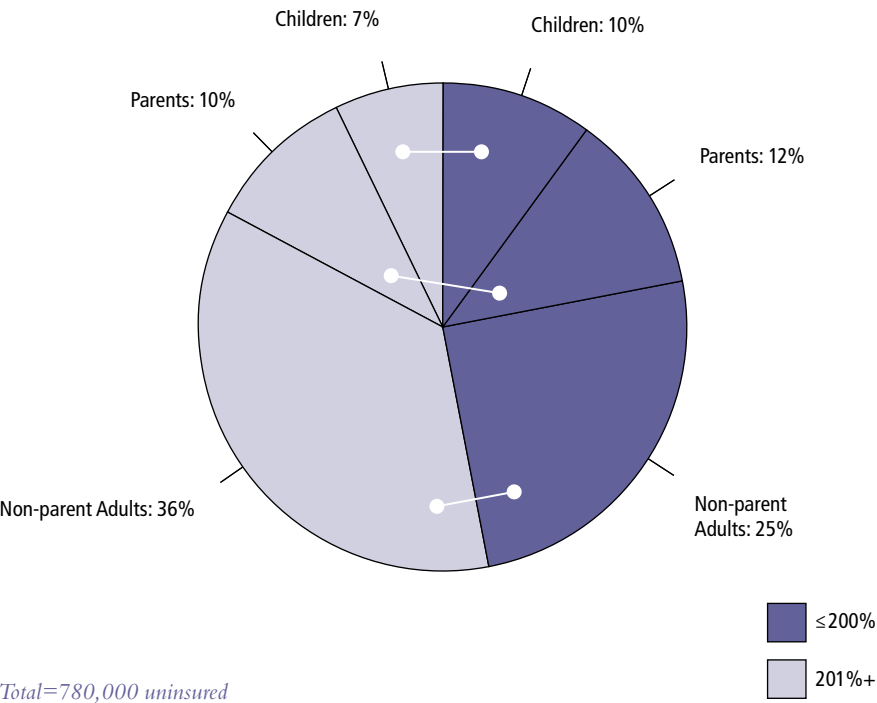
**Figure 9: Nonelderly Uninsured Rates and Distribution by Poverty Level and Age, 2004–2005**

Young adults ages 19–34 in Maryland are less likely to have health insurance than children or older adults, regardless of income (standardized as a percentage of the poverty level for that family size), so they are a larger share of the uninsured than their share of the nonelderly population: 37% versus 23% (Table 5). Conversely, children and adults are less common in the uninsured than in the nonelderly population. A decline in the uninsured rate for low-income young adults reduced the share of this population among Maryland’s uninsured from 2002–2003 (20%) to 2004–2005 (16%).

Age	Uninsured Rate			Uninsured Distribution		
	Low Income (0%–200%)	Lower Moderate Income (201%–400%)	Higher Moderate to High Income (401%+)	Low Income (0%–200%)	Lower Moderate Income (201%–400%)	Higher Moderate to High Income (401%+)
0–18	19%	7%	4%	10%	4%	3%
19–34	46%	28%	13%	16%	12%	9%
35–64	40%	18%	7%	21%	12%	12%

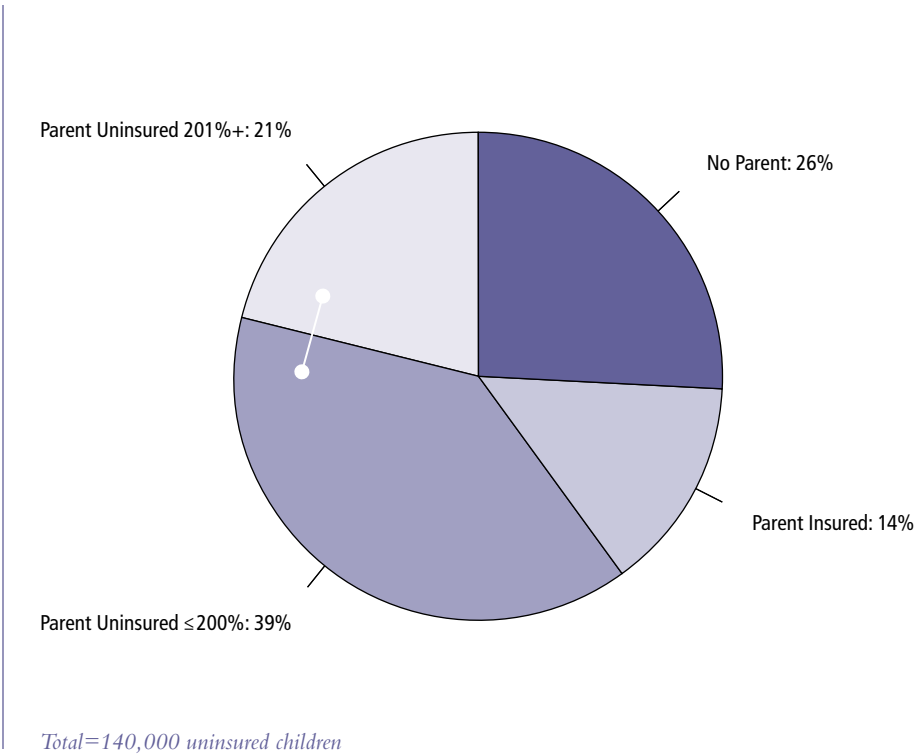
**Figure 10: The Nonelderly Uninsured by Children/Parent Status and Poverty Level, 2004–2005**

The majority of uninsured non-parent adults—adults without children under age 19—in Maryland have family incomes above 200% of the poverty level. In contrast, more than half of uninsured children and parents live in families with low incomes (up to 200% of the poverty level). However, because most of the uninsured are non-parent adults, they constitute the majority of the low-income uninsured. (For a family of three in 2005, 200% of the poverty level is typically \$31,440.)



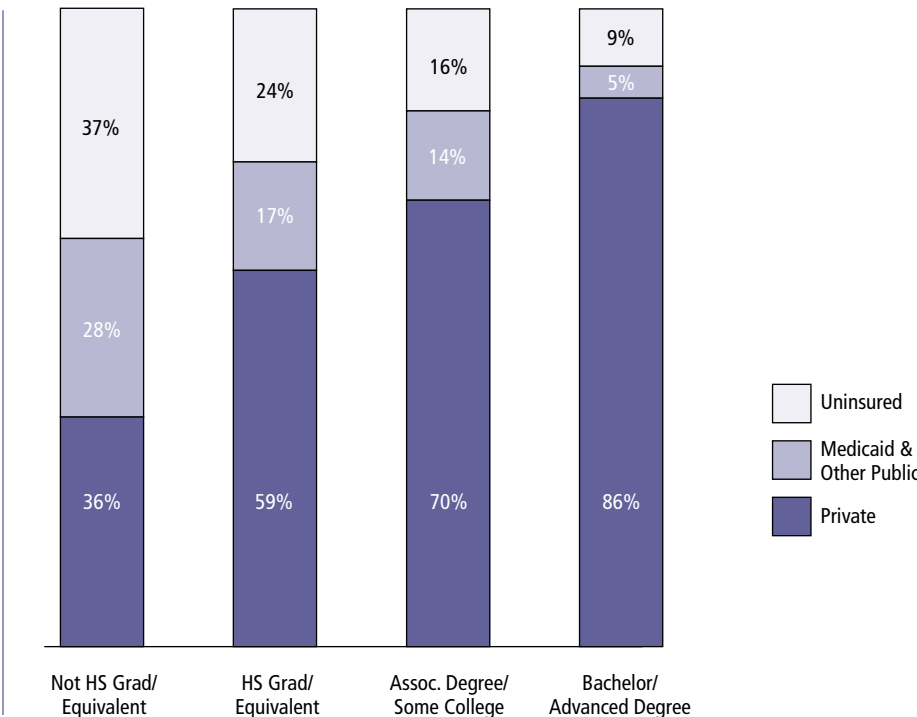
**Figure 11: Uninsured Children by Parent Insured Status and Poverty Level, 2004–2005**

The highest uninsured rates among Maryland children occur in those who do not live with a parent or who live with an uninsured parent. Consequently, these children are disproportionately represented among uninsured children. Just 6% of children in Maryland do not live with a parent, but they comprise 26% of uninsured children. Similarly, 14% of Maryland children live with an uninsured parent but account for 60% of uninsured children. Among uninsured children living with an uninsured parent, the majority are low income (up to 200% of the poverty level).



**Figure 12: Health Insurance Coverage of the Nonelderly by Highest Educational Level in Family, 2004–2005**

The highest educational attainment of the adults in a family is a predictor of being insured. More than one-third of the children and adults who live in families in which the adult(s) did not graduate from high school are uninsured. This rate is down from 2002–2003 (50%), due to an increase in private coverage (25% to 36%). In contrast, the uninsured rate rose slightly (7% to 9%) among persons in families where at least one adult graduated from college, due to a decline in private coverage. Private coverage also fell in families with an associate degree/some college; however, their uninsured rate did not change because their public coverage increased.



**Figure 13: Nonelderly Uninsured Rates and Distribution by Highest Educational Level in Family and Poverty Level, 2004–2005**

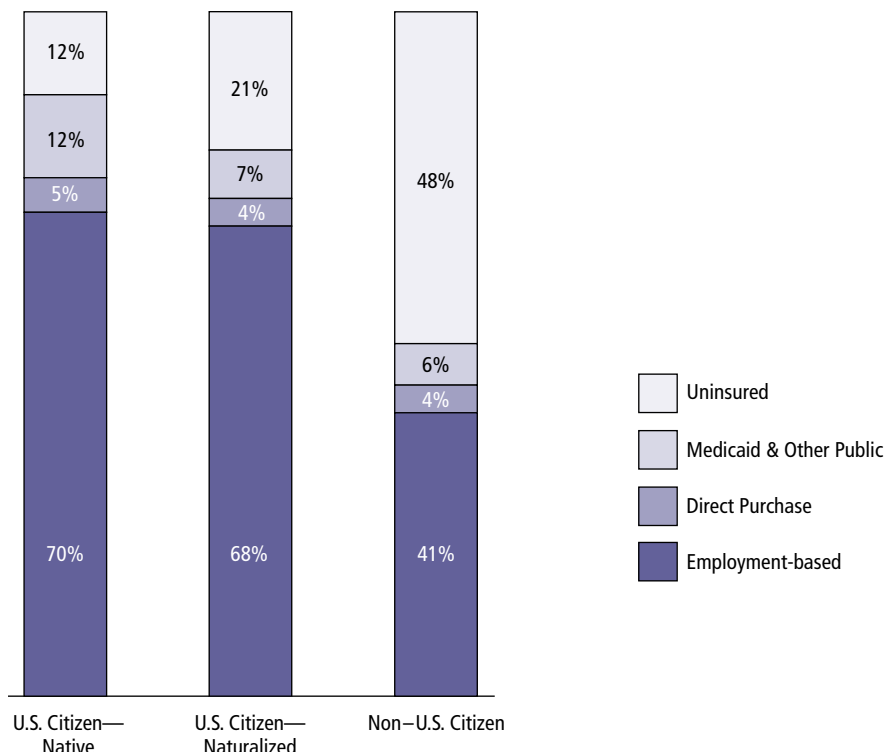
Among families with incomes above 200% of the poverty level, higher educational attainment by the adult(s) in the family appears to be associated with a greater probability of having insurance. However, the uninsured rates for those with low incomes do not differ significantly by educational attainment. From 2002–2003 to 2004–2005, the uninsured rate for those in college graduate families increased at both the low income (21% to 35%) and lower moderate income (6% to 12%) levels. The uninsured rate also increased for those in families of lower moderate income with some college (12% to 17%). The result is a change in the composition of Maryland's uninsured, with a higher share from college graduate families (21% to 27%) and a lower share from families with less than a high school education (23% to 16%). (The distribution of all nonelderly by educational level is unchanged from 2002–2003.)

Highest Educational Attainment in Family	Uninsured Rate			Uninsured Distribution		
	Low Income (0%–200%)	Lower Moderate Income (201%–400%)	Higher Moderate to High Income (401%+)	Low Income (0%–200%)	Lower Moderate Income (201%–400%)	Higher Moderate to High Income (401%+)
Not HS Grad/ Equivalent	38%	31%	NS*	11%	4%	2%
HS Grad/ Equivalent	33%	19%	16%	18%	9%	6%
Assoc. Degree/ Some College	28%	17%	8%	10%	10%	5%
Bachelor/ Adv. Degree	35%	12%	5%	8%	7%	12%

\*Indicates an insufficient sample size.

**Figure 14: Health Insurance Coverage of the Nonelderly by Citizenship, 2004–2005**

Nearly half of Maryland's non-citizen residents do not have insurance. The uninsured rate for naturalized citizens is significantly lower than for non-citizens, due to higher employment-based coverage (similar to that of native citizens). Native citizens do, however, have the lowest uninsured rate, in part because they are more likely to have public insurance than the other groups. The public coverage rate increased from 2002–2003 to 2004–2005 in all groups, but rates for non-natives more than doubled. Maryland's uninsured rates for non-citizens and naturalized citizens are similar to the national averages. Among native citizens, however, the state's uninsured rate is below the national average: 16% versus 21%.



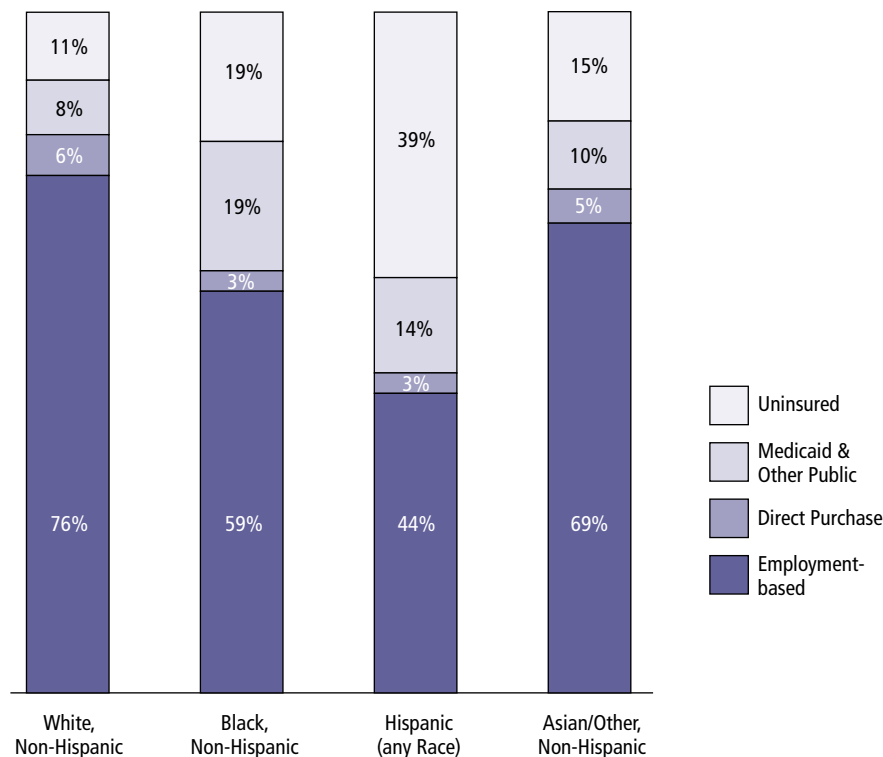
**Figure 15: Nonelderly Uninsured Rates and Distribution by Citizenship and Poverty Level, 2004–2005**

Compared to U.S. citizens in Maryland, non-citizens are significantly less likely to have health insurance, regardless of family income. Because only certain qualified non-citizens are eligible for Medicaid, the uninsured rate for low-income non-citizens should be higher than for citizens. But the high uninsured rates within every income level suggest that the U.S. health care system's expectation that everyone should accept the need to purchase health insurance is not universal. Non-citizens are 9% of the state's nonelderly but comprise 27% of the uninsured, above the national average of 21%. Although the non-citizen share of the uninsured did not change from 2002–2003 to 2004–2005, non-citizens are less likely to be low income (from 17% to 12%) and more likely to have family incomes above 400% of the poverty level, reflecting a rise in income for this population.

Citizenship	Uninsured Rate			Uninsured Distribution		
	Low Income (0%–200%)	Lower Moderate Income (201%–400%)	Higher Moderate to High Income (401%+)	Low Income (0%–200%)	Lower Moderate Income (201%–400%)	Higher Moderate to High Income (401%+)
U.S. Citizen	29%	14%	6%	35%	20%	18%
Non-U.S. Citizen	62%	46%	36%	12%	8%	7%

**Figure 16: Health Insurance Coverage of the Nonelderly by Racial/Ethnic Groups, 2004–2005**

Employment-based insurance rates tend to differ by race/ethnicity. Less than half of Hispanics have employment-based coverage, resulting in the highest uninsured rate (39%); this is below their 48% uninsured rate in 2002–2003, however. The employment-based rate for Blacks (non-Hispanic) declined in 2004–2005 (from 67% in 2002–2003). It lags behind the respective rates for non-Hispanic Whites and Asians/Others, yielding an uninsured rate higher than that of Whites but not statistically different from that of Asians/Others. Blacks and Hispanics are equally likely to have Medicaid coverage, and the Medicaid rate for Blacks is above their rate in 2002–2003 (14%). Rates for Whites and Asians/Others are not significantly different (note: the Asian/Others sample is relatively small). The state's uninsured rates for racial/ethnic groups do not differ from national averages except for Whites: 11% versus 13% nationwide.



**Figure 17: Nonelderly Uninsured Rates and Distribution by Racial/Ethnic Groups and Poverty Level, 2004–2005**

Some of the racial/ethnic differences in coverage patterns (Figure 16) are likely related to income: Blacks and Hispanics are more likely to be low income than are Whites in Maryland. Differences in uninsured rates by race/ethnicity within income levels are generally not significant. Only Hispanics have significantly higher uninsured rates than Whites regardless of income. The uninsured rate for Blacks is significantly above that of Whites only at higher family income levels (401%+ of poverty level). None of the rates for Whites and Asians/Others are significantly different. Hispanics and, to a lesser degree, Blacks, are disproportionately represented among the uninsured (Table 5).

Racial Groups	Uninsured Rate			Uninsured Distribution		
	Low Income (0%–200%)	Lower Moderate Income (201%–400%)	Higher Moderate to High Income (401%+)	Low Income (0%–200%)	Lower Moderate Income (201%–400%)	Higher Moderate to High Income (401%+)
White, Non-Hispanic	28%	13%	6%	15%	11%	13%
Black, Non-Hispanic	32%	15%	10%	21%	9%	7%
Hispanic (Any Race)	54%	39%	22%	8%	7%	3%
Asian/Other, Non-Hispanic	34%	20%	7%	3%	2%	2%

**Figure 18: Nonelderly Uninsured Rates and Distribution by Racial/Ethnic Groups and Highest Educational Level in Family, 2004–2005**

Educational attainment plays a part in explaining racial/ethnic differences in coverage: 54% of Hispanics live in families where adults have a high school education or less compared to one-third of Blacks, one-fourth of Whites, and 16% of Asians/Others. However, among persons in families where at least one adult went to college, Hispanics are the least likely to be insured, and Blacks are less likely to be insured than Whites. Uninsured Whites and Blacks are divided about equally between the two educational levels. In contrast, almost two-thirds of uninsured Hispanics are in families where the adults have a high school education or less, and nearly two-thirds of uninsured Asians/Others reside in families where at least one adult attended college.

Racial Groups	Uninsured Rate		Uninsured Distribution	
	Not HS Grad/ HS Grad	Some College/ Bachelor/ Advanced Degree	Not HS Grad/ HS Grad	Some College/ Bachelor/ Advanced Degree
White, Non-Hispanic	22%	7%	19%	20%
Black, Non-Hispanic	25%	16%	16%	20%
Hispanic (Any Race)	47%	30%	12%	7%
Asian/Other, Non-Hispanic	35%	12%	2%	4%

**Figure 19: Nonelderly Uninsured Rates and Distribution by Racial/Ethnic Groups and Citizenship, 2004–2005**

Uninsured rates in Maryland are higher among non-citizens than citizens, regardless of race/ethnicity. The rates among non-citizens are generally similar. Hispanics, however, form a disproportionate share of uninsured non-citizens: 74% versus 44% of the state's non-citizens. Asians/Others, who comprise 28% of the state's non-citizens, are under-represented among uninsured non-citizens (11%), while non-citizen Blacks are over-represented (19% versus 7% of non-citizens). Minority residents who are U.S. citizens have similar uninsured rates, but the rates for Hispanics and Blacks are above that of White citizens. Maryland's non-citizen shares of Black and Hispanic residents are above the national averages: 7% versus 4% for Blacks and 52% versus 31% for Hispanics.

Racial Groups	Uninsured Rate		Uninsured Distribution	
	U.S. Citizen	Non–U.S. Citizen	U.S. Citizen	Non–U.S. Citizen
White, Non-Hispanic	10%	43%	36%	3%
Black, Non-Hispanic	17%	53%	29%	7%
Hispanic (Any Race)	21%	56%	5%	14%
Asian/Other, Non-Hispanic	11%	28%	3%	3%

**Figure 20: Uninsured Rates and Distribution Within the Population for Married Parents, Ages 35–64, College Graduates with High Income<sup>1</sup> by Racial/Ethnic Groups, 2002–2005**

Racial/ethnic differences in uninsured rates for those with higher family incomes (Figure 17) could result from racial/ethnic differences in the distribution of income and/or other characteristics known to influence insured status, such as age, educational attainment, and citizenship. Among the demographic group most likely to have health insurance (married adults, ages 35–64, with at least one dependent child, who are college graduates and have incomes above 600% of the poverty level), the uninsured rates for 2002–2005 do not vary by racial/group (excluding Hispanics, due to an insufficient sample in this demographic). This demographic group accounts for 9% of all adults ages 35–64, but appears to be relatively more common among Asians/Others ages 35–64 (17%) and less common among Blacks or Hispanics.

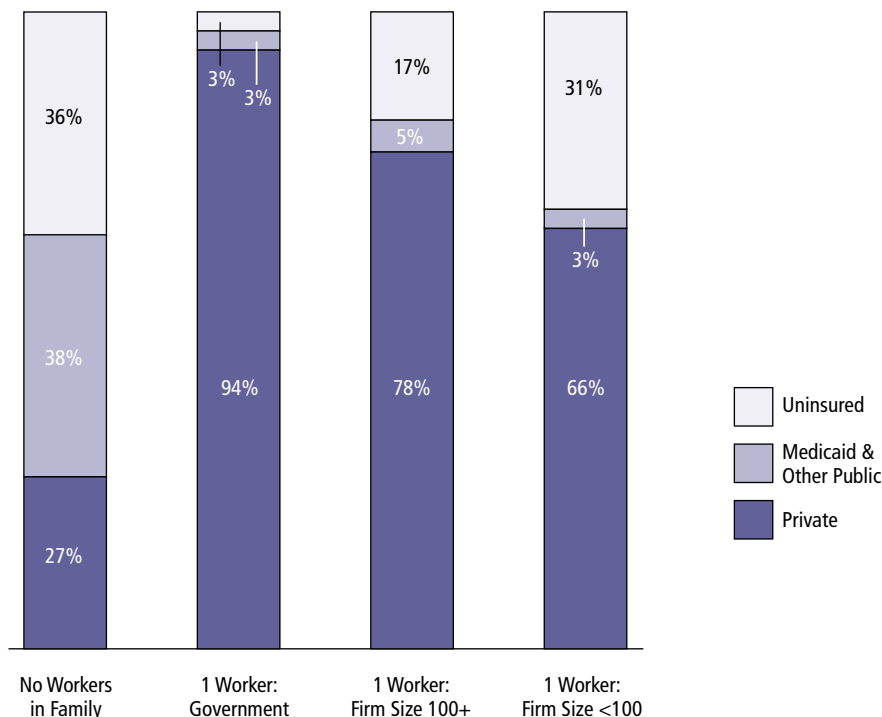
Racial Groups	Uninsured Rate	Within Group Share of Adults Ages 35-64
White, Non-Hispanic	2%	11%
Black, Non-Hispanic	1%	5%
Hispanic (Any Race)	NS*	4%
Asian/Other, Non-Hispanic	<1%	17%
All	2%	9%

<sup>1</sup> More than 600% of the poverty level.

\*Indicates an insufficient sample size.

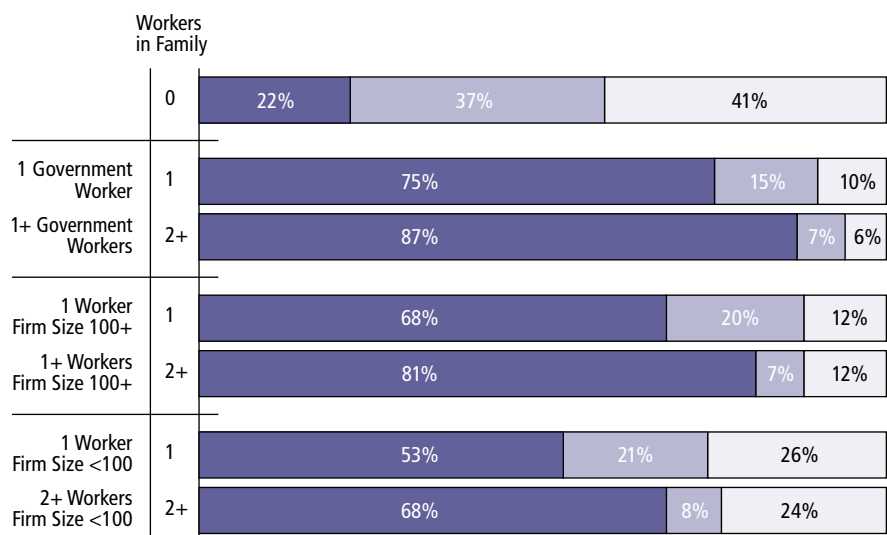
**Figure 21: Health Insurance Coverage of the Nonelderly by Family Work Status: Persons Not Living with Relatives, 2004–2005**

About 14% of Maryland's nonelderly do not live with relatives. Collectively, their uninsured rate is 22%, lower than in 2002–2003 (27%), mainly due to a decline in the uninsured rate for workers in smaller firms. Most of this demographic group are working adults: 32% in smaller private firms (fewer than 100 employees), 31% in larger firms, and 20% for government. Compared to workers in small firms, employees in larger firms are more likely to have private coverage and less likely to be uninsured, but nearly all government workers have private coverage. About 17% of those not living with relatives are children or non-working adults; because of a high Medicaid rate, their uninsured rate is not statistically different from the uninsured rate for adults working in smaller firms.



**Figure 22: Health Insurance Coverage of the Nonelderly by Family Work Status: Persons Living with Relatives, 2004–2005**

Among persons living with family members, 65% live in families with two or more working adults, 29% are in one-worker families, and just 5% are in non-working families. Compared to 2002–2003, their collective uninsured rate rose slightly (13% to 15%), and coverage among one-worker families shifted from private (72% to 64%) to public insurance (13% to 19%). In families with at least two workers, only 18% are solely dependent on smaller private firms for employment-based insurance (compared to 35% in one-worker families), and 39% live in families with at least one government worker (versus 19% in one-worker families). Relative to one-worker families, this employment difference results in a higher private insurance rate (81% versus 64%) and lower uninsured (12% versus 17%) and Medicaid rates (7% versus 19%). (However, more than two workers in a family is not an advantage—see Table 1.)

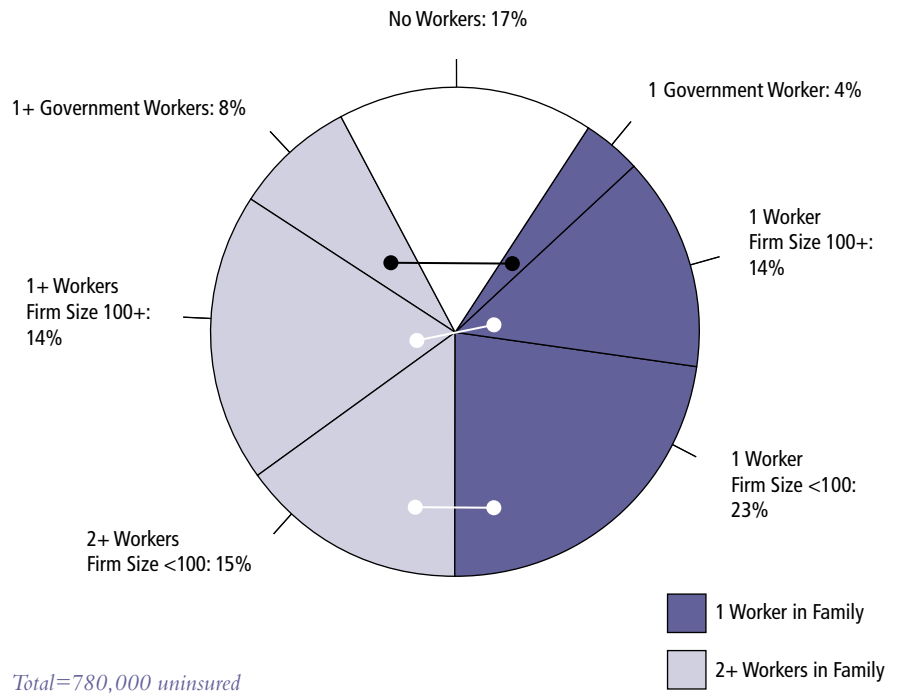


*Note: Families with more than one worker are assigned to employment sectors using a hierarchy: 1) any type of government employee, 2) any type of employee for a private firm with 100+ employees, and lastly, 3) any type of employee for a small private firm.*

Private Medicaid & Other Public Uninsured

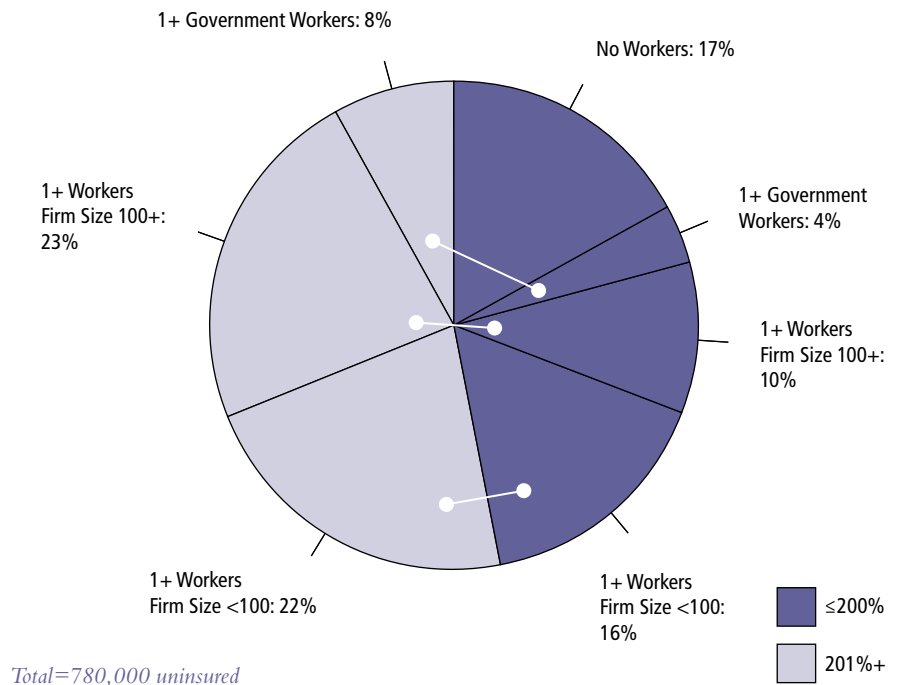
**Figure 23: The Nonelderly Uninsured by Family Work Status, 2004–2005**

Eight of 10 uninsured persons in Maryland live in family units (including individuals) with one or more adult workers, about equally split between having one worker versus two or more. Nearly half of the uninsured have at least one family member working for a larger private firm or the government, with most of these in two-worker families. Among the uninsured dependent on smaller private firms for employment-based coverage, most live in one-worker families. Compared to 2002–2003, those in non-working families are more likely (89% versus 82%) to be both low income (up to 200% of the poverty level) and uninsured (39% versus 28%). As a result, they comprise a higher share of the uninsured in 2004–2005 (13% to 17%), while those in one-worker, fewer than 100 employee families comprise a lower share (30% to 23%).



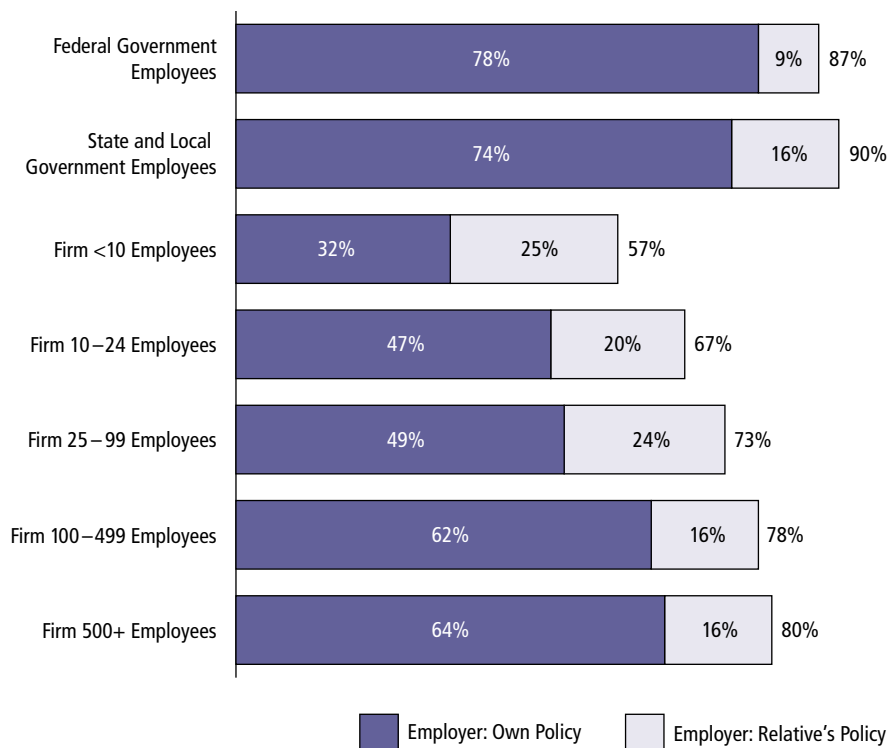
**Figure 24: The Nonelderly Uninsured by Family Work Status and Poverty Level, 2004–2005**

Nearly all of the uninsured who live in non-working families (including individuals) are low income (up to 200% of the poverty level). But 64% of the uninsured in working families have incomes above 200% of the poverty level, ranging from 57% of those in families with workers in smaller private firms (fewer than 100 employees) to 69% of those in families with workers in government or larger private firms. Compared with 2002–2003, the share of uninsured in non-working families rose (Figure 23) while the share in families dependent on smaller firms declined (46% to 38%).



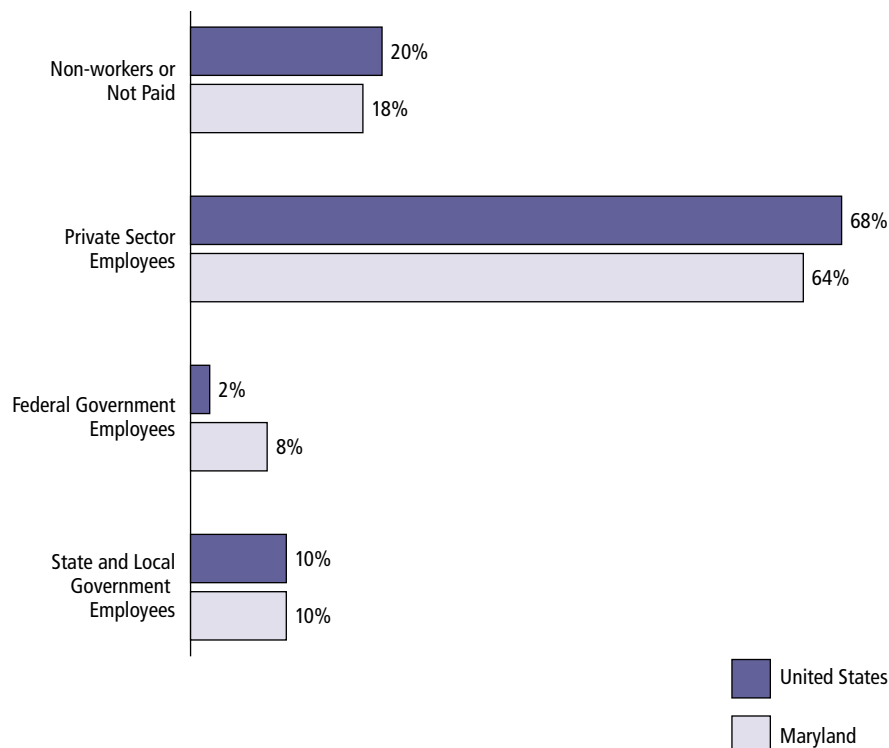
**Figure 25: Employer-Based Coverage Among Workers Ages 19–64 by Sector and Firm Size, 2004–2005**

Among adult workers in Maryland, government employees (federal, state, or local) are the most likely to have employment-based coverage, either through their own policy or the policy of a relative, and the least likely to be uninsured. Among employees in private firms, the likelihood of employment-based coverage tends to increase with firm size; the differences between adjacent firm sizes are not statistically significant except for the comparison of firms with fewer than 10 employees to firms with 10–24 employees. The overall employment-based rate in Maryland workers, 76%, is significantly higher than the national average, 70%, making the uninsured rate among the state's workers (15%) better than the national rate (18%).



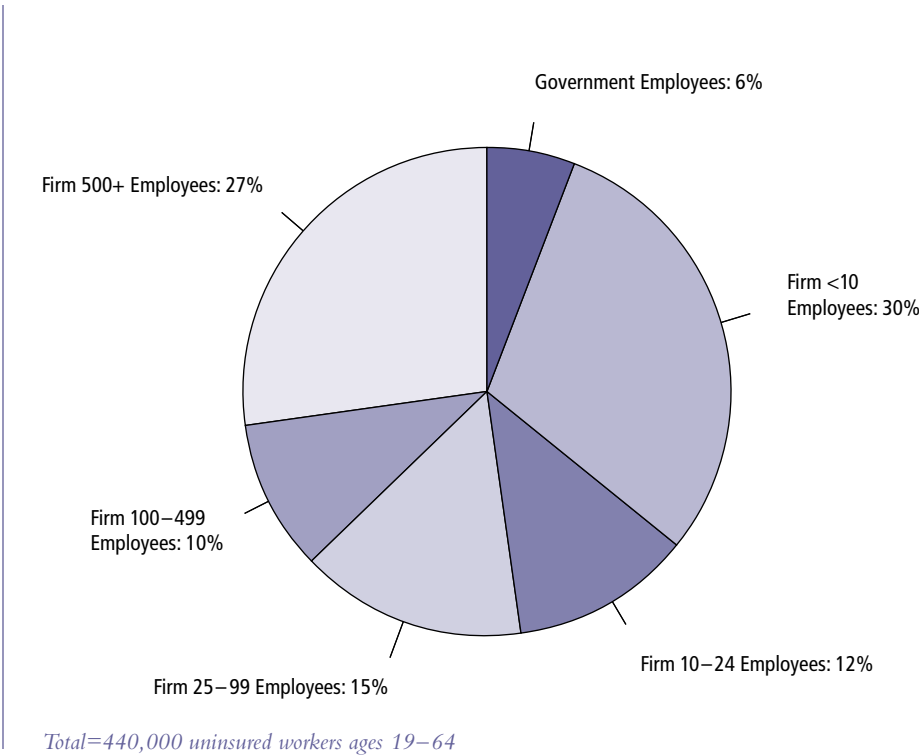
**Figure 26: Employment Status of Adults Ages 19–64 in Maryland and the United States, 2004–2005**

Maryland has a higher rate of employment-based insurance than the national average among both all nonelderly (Figure 1) and nonelderly adults (69% versus 63%). Further analysis indicates that about half of the Maryland-U.S. employment-based coverage gap in nonelderly adults results from a higher rate of employment-based coverage among the state's private sector workers (72% versus 69%), especially among workers in private firms with fewer than 100 employees (64% versus 56%). The remainder of the difference is due to Maryland having a) relatively fewer non-workers and private sector employees (particularly in smaller firms), who tend to have lower rates of employment-based coverage; and b) relatively more federal employees, who also have an employment-based coverage rate above the national average for federal workers (86% versus 79%).



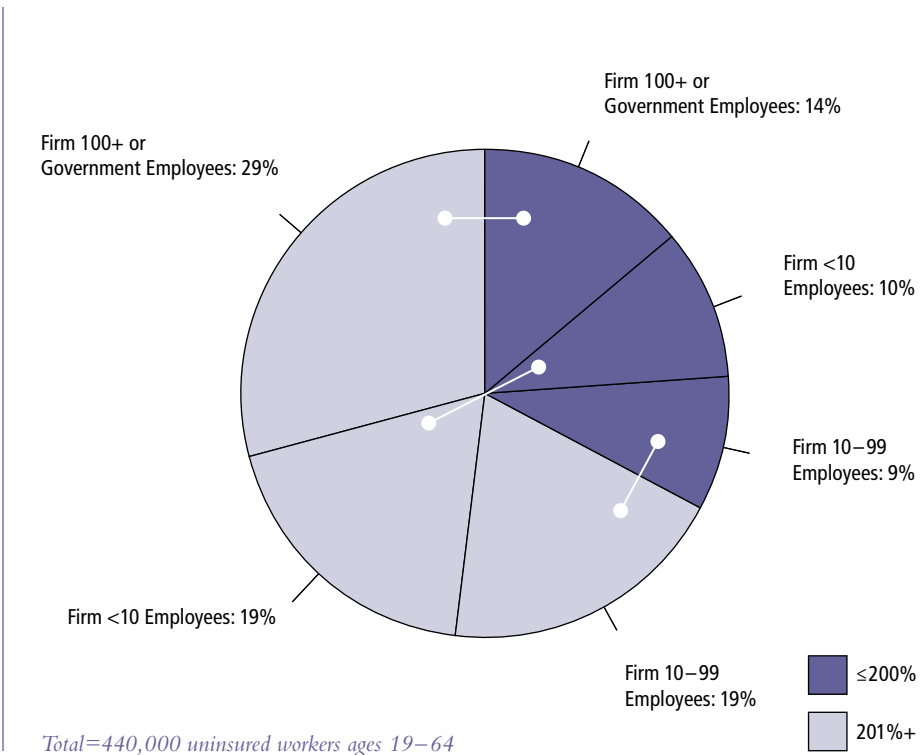
**Figure 27: Uninsured Workers Ages 19–64 by Sector and Firm Size, 2004–2005**

About 57% of Maryland’s uninsured are employed adults. Those working in smaller private firms (fewer than 100 employees) are disproportionately represented among uninsured workers: 57% versus 37% of all workers. Those in larger private firms are slightly under-represented in the uninsured: 37% versus 41%. Government employees (federal, state, or local) are 22% of adult workers in the state but account for just 6% of uninsured workers.



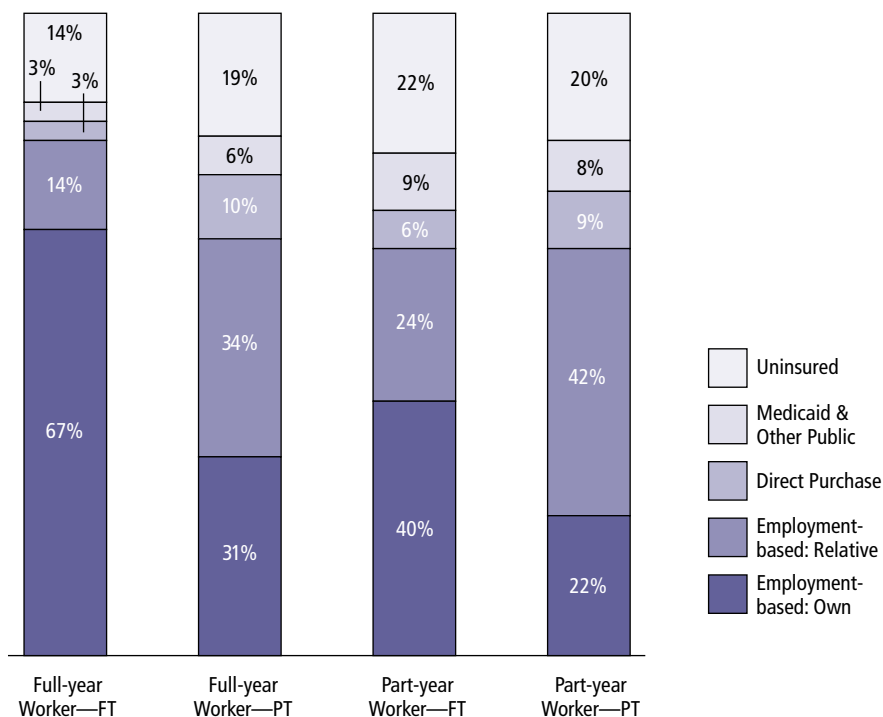
**Figure 28: Uninsured Workers Ages 19–64 by Firm Size/Sector and Poverty Level, 2004–2005**

Regardless of their employer type, about two-thirds of uninsured workers in Maryland have family incomes above 200% of the poverty level. Compared to 2002–2003, relatively fewer uninsured workers are low income (family incomes up to 200% of the poverty level): 33% versus 40%. This is especially true among uninsured employees in firms with fewer than 10 employees: low-income employees from these firms comprise 10% of uninsured workers in 2004–2005 compared to 15% in 2002–2003.



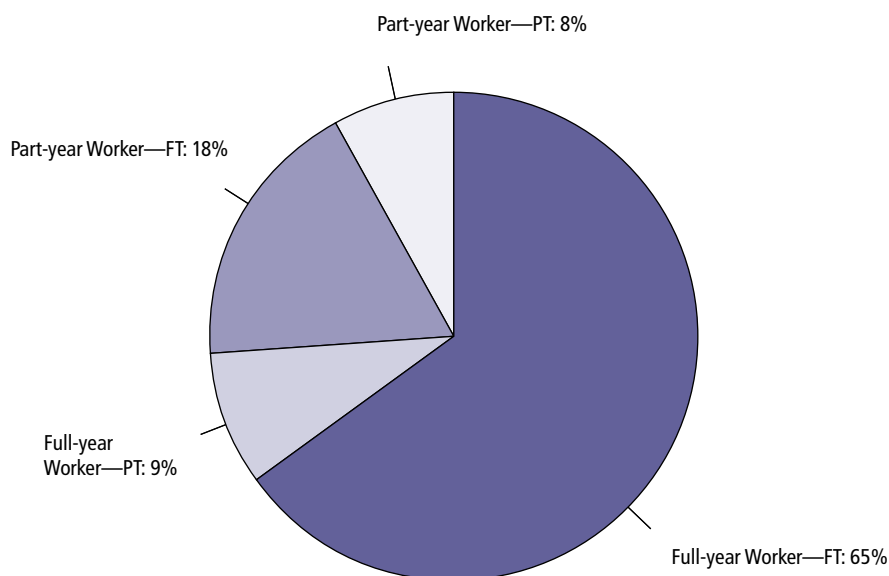
**Figure 29: Health Insurance Coverage Among Workers Ages 19–64 by Duration of Employment, 2004–2005**

Full-year (FY) full-time (FT) workers are less likely to be uninsured than other workers, who all have statistically similar uninsured rates. This is because employment-based coverage is highest among FYFT workers. FT workers—especially FYFT employees—are more likely to obtain employment-based coverage through their own employers than through a relative’s employer. Among part-time (PT) workers, this pattern appears to be reversed (although the difference for FYPT workers is not statistically significant). Additionally, PT workers are more likely to purchase individual insurance (direct purchase) than are FT workers.



**Figure 30: Uninsured Workers Ages 19–64 by Duration of Employment, 2004–2005**

Almost three-fourths of adult employees in Maryland work full-year, full-time (FYFT), so it is not surprising that—in spite of a lower uninsured rate compared to most employees who work less—FYFT workers comprise almost two-thirds of uninsured workers. The remainder of uninsured workers is about equally divided between part-year full-time employees and part-time workers. The distribution of uninsured workers by duration of employment did not significantly change from 2002–2003.



Total=440,000 uninsured workers ages 19–64





# *Tables*



**Table 1: Health Insurance Coverage of the Nonelderly, 2004–2005**

			Percent Distribution by Coverage Type <sup>b</sup>			
		Nonelderly (in thousands*)	Employment- based	Direct Purchase	Medicaid & Other Public	Uninsured
Total Nonelderly <sup>a</sup>		4,920	68	5	12	16
Age						
	Children—Total	1,450	64	4	22	9
	Adults—Total	3,470	69	5	7	18
	Adults 19–24	420	55	11	8	26
	Adults 25–29	350	57	3	9	30
	Adults 30–34	370	68	5	6	21
	Adults 35–44	920	71	4	6	20
	Adults 45–54	820	78	3	7	12
	Adults 55–64	590	74	5	9	12
Gender						
	Female	2,500	68	5	12	15
	Male	2,420	67	4	11	17
Annual Family Income <sup>c</sup>						
	Up to \$27,903	880	27	7	30	37
	\$27,904–\$55,714	1,090	62	6	16	17
	\$55,715–\$100,931	1,370	77	4	7	12
	\$100,932+	1,570	87	3	3	6
Family Poverty Level <sup>d</sup>						
	Poor (≤100%)	480	17	6	37	40
	Near Poor (101% to 200%)	630	38	5	29	28
	Low Moderate (201% to 300%)	670	59	6	13	22
	Mid Moderate (301% to 400%)	640	74	6	8	12
	High Moderate (401% to 600%)	1,040	84	3	4	10
	High (601%+)	1,450	87	4	3	6
Family Work Status <sup>e</sup>						
	3+ Full-time	220	66	2	5	27
	2 Full-time	1,290	83	3	4	10
	1 Full-time	2,540	72	5	10	13
	Only Part-time	150	44	10	21	25
	Only Part-year	370	43	8	25	24
	Non-workers	340	17	7	37	39
Highest Educational Level of Adults in Family						
	No HS Diploma	350	31	4	28	37
	HS Grad Only	1,090	55	4	17	24
	Assoc. Degree/Some College	1,180	65	5	14	16
	BA/BS Degree	1,240	76	6	7	11
	Graduate Degree	1,070	87	3	4	6
Race/Ethnicity <sup>f</sup>						
	White, Non-Hispanic	2,780	76	6	8	11
	Black, Non-Hispanic	1,470	59	3	19	19
	Hispanic (Any Race)	370	44	3	14	39
	Asian/Other, Non-Hispanic	300	69	5	10	15
Citizenship						
	U.S. Citizen—Native	4,250	70	5	12	12
	U.S. Citizen—Naturalized	230	68	4	7	21
	Non–U.S. Citizen, Resident Since Before 1996	190	43	5	6	46
	Non–U.S. Citizen, Resident Since 1996 or Later	240	41	3	7	50
Health Status						
	Excellent	1,890	73	6	10	10
	Very Good	1,690	71	5	8	17
	Good	1,010	60	3	14	23
	Fair/Poor	320	45	3	32	20

**Table 2: Health Insurance Coverage of Children, 2004–2005**

		Percent Distribution by Coverage Type <sup>b</sup>		
	Children (in thousands*)	Private	Medicaid & Other Public	Uninsured
<b>Total Children<sup>a</sup></b>	<b>1,450</b>	<b>68</b>	<b>22</b>	<b>9</b>
<b>Age</b>				
0–6	530	63	27	10
7–12	440	70	23	7
13–18	480	73	16	11
<b>Annual Family Income<sup>c</sup></b>				
Up to \$27,903	270	25	53	22
\$27,904–\$55,714	330	57	33	10
\$55,715–\$100,931	400	80	13	7
\$100,932+	450	92	4	4
<b>Family Poverty Level<sup>d</sup></b>				
Poor (≤100%)	180	19	53	28
Near Poor (101% to 200%)	250	39	49	12
Low Moderate (201% to 300%)	230	65	24	11
Mid Moderate (301% to 400%)	190	84	13	3
High Moderate (401% to 600%)	290	89	5	6
High (601%+)	310	94	3	3
<b>Child Status<sup>h</sup></b>				
Child With 2 Parents in Home	960	80	13	7
Child With 1 Parent in Home	410	49	42	9
Child Without Parents in Home	80	23	32	45
<b>Family Work Status<sup>e</sup></b>				
1+ Full-time	1,190	76	17	7
Only Part-time or Part-year	150	43	48	9
Non-workers	100	16	47	37
<b>Highest Educational Level of Adults in Family</b>				
No HS Diploma	110	33	53	15
HS Grad Only	320	53	35	12
Assoc. Degree/Some College	350	64	28	9
BA/BS Degree	370	78	12	10
Graduate Degree	310	91	4	5
<b>Race/Ethnicity<sup>f</sup></b>				
White, Non-Hispanic	760	80	14	7
Black, Non-Hispanic	480	55	34	11
Hispanic (Any Race)	120	46	35	19
Asian/Other, Non-Hispanic	90	74	16	10
<b>Citizenship</b>				
U.S. Citizen	1,390	69	22	9
Non–U.S. citizen	60	52	18	31
<b>Health Status</b>				
Excellent	810	73	18	8
Very Good	400	67	23	10
Good	210	54	32	14
Fair/Poor	30	NS*	NS*	NS*

**Table 3: Health Insurance Coverage of Nonelderly Adults, 2004–2005**

			Percent Distribution by Coverage Type <sup>b</sup>		
		Nonelderly (in thousands*)	Private	Medicaid & Other Public	Uninsured
Total Nonelderly Adults <sup>i</sup>		3,470	74	7	18
Gender/Age					
Adult Males Total		1,690	73	7	20
M 19–34		550	63	7	30
M 35–54		850	77	6	17
M 55–64		280	82	7	11
Adult Females Total		1,780	75	8	17
F 19–34		580	70	8	22
F 35–54		890	79	7	15
F 55–64		310	76	11	14
Annual Family Income <sup>c</sup>					
Up to \$27,903		610	37	20	43
\$27,904–\$55,714		760	72	8	20
\$55,715–\$100,931		980	82	4	14
\$100,932+		1,120	90	3	7
Family Poverty Level <sup>d</sup>					
Poor (≤100%)		300	25	28	47
Near Poor (101% to 200%)		380	47	15	38
Low Moderate (201% to 300%)		440	65	7	27
Mid Moderate (301% to 400%)		450	79	5	16
High Moderate (401% to 600%)		760	85	3	12
High (601%+)		1,150	91	3	6
Parent Status <sup>h</sup>					
Married Parent		1,040	86	4	10
Single Parent		240	61	14	25
Married Adult, Not Parent of Child		960	81	5	14
Single Female Adult, Not Parent of Child		570	67	11	22
Single Male Adult, Not Parent of Child		670	57	10	33
Family Work Status <sup>e</sup>					
1+ Full-time		2,860	81	4	15
Only Part-time or Part-year		370	55	14	30
Non-workers		240	27	33	40
Highest Educational Level of Adults in Family					
No HS Diploma		230	37	16	47
HS Grad Only		770	61	10	28
Assoc. Degree/Some College		830	72	9	19
BA/BS Degree		870	84	4	12
Graduate Degree		760	90	3	7
Race/Ethnicity <sup>f</sup>					
White, Non-Hispanic		2,020	82	5	13
Black, Non-Hispanic		990	65	12	23
Hispanic (Any Race)		250	48	4	48
Asian/Other, Non-Hispanic		210	75	8	18
Citizenship					
U.S. Citizen		3,100	78	8	15
Non–U.S. Citizen		370	44	5	51
Health Status					
Excellent		1,080	84	5	12
Very Good		1,290	78	3	19
Good		800	66	9	25
Fair/Poor		290	49	30	22

**Table 4: Health Insurance Coverage of Nonelderly Adult Workers, 2004–2005**

			Percent Distribution by Coverage Type <sup>b</sup>				
		Workers (in thousands*)	Employment- based: Own	Employment- based: Relative	Direct Purchase	Medicaid & Other Public	Uninsured
<b>Total Nonelderly Adult Workers<sup>j</sup></b>		<b>2,860</b>	<b>58</b>	<b>18</b>	<b>5</b>	<b>4</b>	<b>15</b>
<b>Age</b>							
	19–24	330	35	25	11	6	24
	25–29	300	55	8	3	7	27
	30–34	310	60	14	4	5	17
	35–44	780	58	19	4	3	16
	45–54	710	62	21	3	3	10
	55–64	430	68	16	4	3	8
<b>Workers' Annual Income<sup>l</sup></b>							
	Up to \$21,356	710	28	26	7	8	30
	\$21,357–\$38,237	710	55	17	4	4	20
	\$38,238–\$62,007	720	68	17	4	3	8
	\$62,008+	710	80	13	3	1	4
<b>Family Poverty Level<sup>d</sup></b>							
	Low (≤200%)	360	36	5	7	12	40
	Low Moderate (201% to 300%)	360	52	10	6	5	27
	Mid Moderate (301% to 400%)	390	59	15	6	4	15
	High Moderate (401% to 600%)	680	64	21	3	2	11
	High (601%+)	1,060	63	25	4	2	6
<b>Work Status<sup>m</sup></b>							
	Full-year Worker—Full-time	2,100	67	14	3	3	14
	Full-year Worker—Part-time	220	31	34	10	6	19
	Part-year Worker—Full-time	360	40	24	6	9	22
	Part-year Worker—Part-time	170	22	42	9	8	20
<b>Business Sector &amp; Size (Number of Workers)</b>							
	Federal Government Employees	290	78	9	2	8	4
	State & Local Government Employees	350	74	16	2	3	5
	Self-employed, Firm <10 Employees	210	26	29	18	2	25
	Private Firm <10 Employees	280	37	21	9	4	29
	Private Firm 10–24 Employees	240	47	20	7	4	23
	Private Firm 25–99 Employees	330	49	24	3	4	20
	Private Firm 100–499 Employees	310	62	16	3	5	14
	Private Firm 500+ Employees	870	64	16	2	4	14
<b>Industry<sup>n</sup></b>							
	Public Sector	630	76	13	2	5	4
	Manufacturing, Mining	170	66	15	2	2	15
	Professional Services	800	61	23	5	2	9
	Agriculture, Fishing, Construction	260	40	16	6	4	34
	Retail Trade, Other Services	630	39	20	7	6	28
	All Others	360	62	18	3	4	14
<b>Education</b>							
	No HS Diploma	250	36	10	4	7	43
	HS Grad Only	780	53	16	4	5	22
	Assoc. Degree/Some College	730	56	22	5	5	12
	BA/BS Degree	650	64	20	6	2	9
	Graduate Degree	450	73	18	3	2	4
<b>Race/Ethnicity<sup>f</sup></b>							
	White, Non-Hispanic	1,710	60	21	5	3	10
	Black, Non-Hispanic	770	58	14	3	7	19
	Hispanic (Any Race)	220	36	12	3	4	46
	Asian/Other, Non-Hispanic	170	60	17	5	5	14
<b>Citizenship</b>							
	U.S. Citizen	2,580	60	19	5	4	12
	Non–U.S. Citizen	280	36	10	3	3	49

**Table 5: Characteristics of the Nonelderly Uninsured, 2004–2005**

	Nonelderly (in thousands)*	Nonelderly Percent	Uninsured (in thousands)*	Uninsured Percent	Uninsured Rate
<b>Total Nonelderly<sup>a</sup></b>	<b>4,920</b>	<b>100</b>	<b>780</b>	<b>100</b>	<b>16</b>
<b>Age</b>					
Children—Total	1,450	29	140	18	9
Adults—Total	3,470	71	640	82	18
Adults 19–24	420	9	110	14	26
Adults 25–29	350	7	100	13	30
Adults 30–34	370	8	80	10	21
Adults 35–44	920	19	180	23	20
Adults 45–54	820	17	100	13	12
Adults 55–64	590	12	70	9	12
<b>Gender</b>					
Female	2,500	51	370	48	15
Male	2,420	49	410	52	17
<b>Annual Family Income<sup>c</sup></b>					
Up to \$27,903	880	18	320	41	37
\$27,904–\$55,714	1,090	22	190	24	17
\$55,715–\$100,931	1,370	28	170	22	12
\$100,932+	1,570	32	100	13	6
<b>Family Poverty Level<sup>d</sup></b>					
Poor (≤100%)	480	10	190	25	40
Near Poor (101% to 200%)	630	13	170	22	28
Low Moderate (201% to 300%)	670	14	150	19	22
Mid Moderate (301% to 400%)	640	13	80	10	12
High Moderate (401% to 600%)	1,040	21	110	14	10
High (601%+)	1,450	30	80	11	6
<b>Family Work Status<sup>e</sup></b>					
3+ Full-time	220	5	60	8	27
2 Full-time	1,290	26	130	17	10
1 Full-time	2,540	52	330	42	13
Only Part-time	150	3	40	5	25
Only Part-year	370	7	90	11	24
Non-workers	340	7	130	17	39
<b>Highest Educational Level of Adults in Family</b>					
No HS Diploma	350	7	130	16	37
HS Grad Only	1,090	22	260	33	24
Assoc. Degree/Some College	1,180	24	190	24	16
BA/BS Degree	1,240	25	140	18	11
Graduate Degree	1,070	22	70	9	6
<b>Race/Ethnicity<sup>f</sup></b>					
White, Non-Hispanic	2,780	57	310	39	11
Black, Non-Hispanic	1,470	30	280	36	19
Hispanic (Any Race)	370	8	140	19	39
Asian/Other, Non-Hispanic	300	6	50	6	15
<b>Citizenship</b>					
U.S. Citizen—Native	4,250	87	520	67	12
U.S. Citizen—Naturalized	230	5	50	6	21
Non–U.S. Citizen, Resident Since Before 1996	190	4	90	11	46
Non–U.S. Citizen, Resident Since 1996 or Later	240	5	120	16	50
<b>Health Status</b>					
Excellent	1,890	38	200	25	10
Very Good	1,690	34	290	37	17
Good	1,010	21	230	30	23
Fair/Poor	320	6	60	8	20

**Table 6: Characteristics of Uninsured Children, 2004–2005**

	Children (in thousands)*	Children Percent	Uninsured (in thousands)*	Uninsured Percent	Uninsured Rate
<b>Total Children<sup>a</sup></b>	<b>1,450</b>	<b>100</b>	<b>140</b>	<b>100</b>	<b>9</b>
<b>Age</b>					
0–6	530	37	50	39	10
7–12	440	30	30	23	7
13–18	480	33	50	38	11
<b>Annual Family Income<sup>c</sup></b>					
Up to \$27,903	270	18	60	43	22
\$27,904–\$55,714	330	23	30	24	10
\$55,715–\$100,931	400	27	30	21	7
\$100,932+	450	31	20	12	4
<b>Family Poverty Level<sup>d</sup></b>					
Poor (≤100%)	180	13	50	37	28
Near Poor (101% to 200%)	250	17	30	21	12
Low Moderate (201% to 300%)	230	16	30	19	11
Mid Moderate (301% to 400%)	190	13	10	4	3
High Moderate (401% to 600%)	290	20	20	12	6
High (601%+)	310	21	10	6	3
<b>Child Status<sup>h</sup></b>					
Child With 2 Parents in Home	960	66	70	48	7
Child With 1 Parent in Home	410	28	30	25	9
Child Without Parents in Home	80	6	40	26	45
<b>Family Work Status<sup>e</sup></b>					
1+ Full-time	1,190	83	90	62	7
Only Part-time or Part-year	150	10	10	10	9
Non-workers	100	7	40	28	37
<b>Highest Educational Level of Adults in Family</b>					
No HS Diploma	110	8	20	12	15
HS Grad Only	320	22	40	29	12
Assoc. Degree/Some College	350	24	30	22	9
BA/BS Degree	370	25	40	27	10
Graduate Degree	310	21	10	10	5
<b>Race/Ethnicity<sup>f</sup></b>					
White, Non-Hispanic	760	53	50	37	7
Black, Non-Hispanic	480	33	60	40	11
Hispanic (Any Race)	120	8	20	17	19
Asian/Other, Non-Hispanic	90	6	10	6	10
<b>Citizenship</b>					
U.S. Citizen	1,390	96	120	86	9
Non–U.S. Citizen	60	4	20	14	31
<b>Health Status</b>					
Excellent	810	56	70	49	8
Very Good	400	28	40	29	10
Good	210	15	30	22	14
Fair/Poor	30	NS*	NS*	NS*	NS*

**Table 7: Characteristics of Uninsured Nonelderly Adults, 2004–2005**

	Nonelderly Adults (in thousands)*	Nonelderly Adults Percent	Uninsured (in thousands)*	Uninsured Percent	Uninsured Rate
<b>Total Nonelderly Adults<sup>i</sup></b>	<b>3,470</b>	<b>100</b>	<b>640</b>	<b>100</b>	<b>18</b>
<b>Gender/Age</b>					
Adult Males Total					
M 19–34	550	33	160	48	30
M 35–54	850	50	150	43	17
M 55–64	280	17	30	9	11
Adult Females Total					
F 19–34	580	33	130	42	22
F 35–54	890	50	130	44	15
F 55–64	310	17	40	14	14
<b>Annual Family Income<sup>c</sup></b>					
Up to \$27,903	610	18	260	41	43
\$27,904–\$55,714	760	22	150	24	20
\$55,715–\$100,931	980	28	140	22	14
\$100,932+	1,120	32	80	13	7
<b>Family Poverty Level<sup>d</sup></b>					
Poor (≤100%)	300	9	140	22	47
Near Poor (101% to 200%)	380	11	140	22	38
Low Moderate (201% to 300%)	440	13	120	19	27
Mid Moderate (301% to 400%)	450	13	70	11	16
High Moderate (401% to 600%)	760	22	90	14	12
High (601%+)	1,150	33	70	12	6
<b>Parent Status<sup>h</sup></b>					
Married Parent	1,040	30	110	17	10
Single Parent	240	7	60	9	25
Married Adult, Not Parent of Child	960	28	130	20	14
Single Female Adult, Not Parent of Child	570	16	130	20	22
Single Male Adult, Not Parent of Child	670	19	220	34	33
<b>Family Work Status<sup>e</sup></b>					
1+ Full-time	2,860	82	430	68	15
Only Part-time or Part-year	370	11	110	17	30
Non-workers	240	7	90	15	40
<b>Highest Educational Level of Adults in Family</b>					
No HS Diploma	230	7	110	17	47
HS Grad Only	770	22	220	34	28
Assoc. Degree/Some College	830	24	160	24	19
BA/BS Degree	870	25	100	16	12
Graduate Degree	760	22	50	8	7
<b>Race/Ethnicity<sup>f</sup></b>					
White, Non-Hispanic	2,020	58	260	40	13
Black, Non-Hispanic	990	28	230	35	23
Hispanic (Any Race)	250	7	120	19	48
Asian/Other, Non-Hispanic	210	6	40	6	18
<b>Citizenship</b>					
U.S. Citizen	3,100	89	450	71	15
Non–U.S. Citizen	370	11	190	29	51

**Table 8: Characteristics of Uninsured Nonelderly Adult Workers, 2004–2005**

	Workers (in thousands)*	Workers Percent	Uninsured (in thousands)*	Uninsured Percent	Uninsured Rate
<b>Total Nonelderly Adult Workers<sup>j</sup></b>	<b>2,860</b>	<b>100</b>	<b>440</b>	<b>100</b>	<b>15</b>
<b>Age</b>					
19–24	330	12	80	18	24
25–29	300	10	80	18	27
30–34	310	11	50	12	17
35–44	780	27	120	28	16
45–54	710	25	70	16	10
55–64	430	15	40	8	8
<b>Workers' Annual Income<sup>l</sup></b>					
Up to \$21,356	710	25	220	49	30
\$21,357–\$38,237	710	25	150	33	20
\$38,238–\$62,007	720	25	50	12	8
\$62,008+	710	25	30	6	4
<b>Family Poverty Level<sup>d</sup></b>					
Low (≤200%)	360	13	150	33	40
Low Moderate (201% to 300%)	360	13	100	22	27
Mid Moderate (301% to 400%)	390	14	60	14	15
High Moderate (401% to 600%)	680	24	80	17	11
High (601%+)	1,060	37	60	14	6
<b>Work Status<sup>m</sup></b>					
Full-year Worker—FT	2,100	74	290	65	14
Full-year Worker—PT	220	8	40	9	19
Part-year Worker—FT	360	13	80	18	22
Part-year Worker—PT	170	6	30	8	20
<b>Business Sector &amp; Size (Number of Workers)</b>					
Federal Government Employee	290	10	10	2	4
State & Local Government Employee	350	12	20	4	5
Self-employed, Firm <10 Employees	210	7	50	11	25
Private Firm <10 Employees	280	10	80	18	29
Private Firm 10–24 Employees	240	8	50	12	23
Private Firm 25–99 Employees	330	11	70	15	20
Private Firm 100–499 Employees	310	11	40	10	14
Private Firm 500+ Employees	870	31	120	27	14
<b>Industry<sup>n</sup></b>					
Public Sector	630	22	30	6	4
Manufacturing, Mining	170	6	30	6	15
Professional Services	800	28	70	16	9
Agriculture, Fishing, Construction	260	9	90	20	34
Retail Trade, Other Services	630	22	180	40	28
All Others	360	13	50	12	14
<b>Education</b>					
No HS Diploma	250	9	110	24	43
HS Grad Only	780	27	170	39	22
Assoc. Degree/Some College	730	26	90	20	12
BA/BS Degree	650	23	60	13	9
Graduate Degree	450	16	20	4	4
<b>Race/Ethnicity<sup>f</sup></b>					
White, Non-Hispanic	1,710	60	180	40	10
Black, Non-Hispanic	770	27	140	32	19
Hispanic (Any Race)	220	8	100	23	46
Asian/Other, Non-Hispanic	170	6	20	5	14
<b>Citizenship</b>					
U.S. Citizen	2,580	90	310	69	12
Non–U.S. Citizen	280	10	140	31	49

# Table Endnotes

\*All population estimates have been rounded to the nearest ten thousand to account for sampling error. Numbers may not add to totals because of rounding; "NS" indicates an insufficient sample size.

The term "family" is defined consistently throughout the report. It is the Census Bureau's Current Population Survey definition of "family," meaning all persons living together who are related by blood, marriage, or adoption. Individuals who do not live with relatives are included as one-person "families."

**a** Nonelderly includes all persons under age 65 as of March in the following year—that is, as of March 2005 for calendar year 2004 data and as of March 2006 for calendar year 2005 data.

**b** The survey inquires about all the different types of coverage each person might have had during the year. Consequently, some persons report more than one type of coverage. The coverage groups used throughout this report (except for Figures 2 and 3) are created by restricting each person to a single coverage type so that the percentages sum to 100%. The coverage hierarchy used here is the same as that used in *Health Insurance Coverage in America: 2004 Data Update*, published by the Kaiser Commission on Medicaid and the Uninsured. Persons are assigned to Medicaid first, followed in order by employer-based insurance, other public coverage (Medicare and military health care), and finally, direct-purchase private insurance. Persons who report private insurance without specifying the source are included in the direct-purchase count; military health care includes TRICARE/CHAMPUS, CHAMPVA, and VA care. While the hierarchy simplifies coverage comparisons across sub-populations, the hierarchy percentage understates the total who reported each type of coverage except for Medicaid.

**c** Annual family income categories correspond to the quartiles for the distribution of family income across all families in Maryland (counting an individual who does not live with relatives as a family) in which there is at least one nonelderly person. 2004 incomes have been inflated to their equivalents in 2005 dollars using the Consumer Price Index Research Series Using Current Methods. All items:

<http://www.bls.gov/cpi/cpiurstx.htm>.

**d** Family poverty level (FPL) used in this report is the poverty level assigned by the Census Bureau, as opposed to the poverty guidelines created by Health and Human Services (HHS) for programs such as Medicaid. Poverty level varies by family size, and the Census Bureau version also varies slightly by the age-mix of the family (unlike the HHS poverty levels). The Census Bureau poverty levels tend to be slightly above those established by HHS. The 2005 federal poverty level range for a family of three is \$15,277–\$15,735, with \$15,720 the most common value in Maryland's under-age-65 population. Similarly, the most common poverty levels for other family sizes are as follows: 1 person = \$10,160; 2 persons = \$13,078; 4 persons = \$19,806; 5 persons = \$23,307. Typical income ranges for the FPL levels listed in the tables are multiples of these poverty levels. To illustrate, for the typical family of three in Maryland, the usual table ranges are:

Poor ( $\leq 100\%$ ) = Up to \$15,720  
Near Poor (101% to 200%) = \$15,721–\$31,440  
Low Moderate (201% to 300%) = \$31,441–\$47,160  
Mid Moderate (301% to 400%) = \$47,161–\$62,880  
High Moderate (401% to 600%) = \$62,881–\$94,320  
High (601%+) = \$94,320+

The term "near poor" for 101%–200% FPL is derived from the Kaiser report (cited above) and other sources (*America's 'Near Poor' Are Increasingly at Economic Risk, Experts Say*; New York Times, May 8, 2006). But for federal agencies, the term generally describes an FPL range of 100%–125%.

**e** Family work status looks at the employment characteristics of adults age 19 or older (including any elderly workers) in the family who received payment for working during the calendar year. Persons in the part-time/part-year category did not have any full-year, full-time workers in their families. Part-time workers worked fewer than 35 hours during most of the weeks they worked; part-year workers worked fewer than 50 weeks.

**f** Race/ethnicity is a mutually-exclusive, hierarchical variable, with the Hispanic category including all Hispanics regardless of race. Persons in the other race/ethnicity categories are all non-Hispanic. Beginning with calendar year 2002 data, persons could identify themselves in more than one racial group, whereas previously they had to choose just one. Just 1% of Maryland respondents reported more than one racial group. Persons who reported multiple racial categories are assigned using the following hierarchy: 1) if Hispanic, to Hispanic (any race); 2) if Asian/Other, to non-Hispanic Asian/Other; or 3) if Black and White, to non-Hispanic Black.

**g** Children are under age 19 as of March in the following year—that is, as of March 2005 for calendar year 2004 data and as of March 2006 for calendar year 2005 data.

**h** Children are classified according to the number of parents living in their home at the time of the survey. Parents living away from home (such as those on active military duty) are not included in the parent count. A parent is an adult (age 19+) with a child under age 19 living in the same house, or the adult spouse of a parent.

**i** Nonelderly adults are ages 19–64 as of March in the following year—that is, as of March 2005 for calendar year 2004 data and as of March 2006 for calendar year 2005 data.

**j** Workers are adults who held a job (of any duration) during the calendar year for which they received payment.

**k** Employer-based: own indicates that the worker obtained coverage through his/her employer; employer-based: relative indicates that the coverage was provided through the employer of a relative, most often a spouse.

**l** Worker's annual income includes all income for the worker and is not limited to wages; it does not include income from other family members. The income categories correspond to the quartiles for the distribution of annual income across all workers, ages 19–64, in Maryland. 2004 incomes have been inflated to their equivalents in 2005 dollars using the Consumer Price Index Research Series Using Current Methods. All items:

<http://www.bls.gov/cpi/cpiurstx.htm>.

**m** Full-time (FT) workers worked at least 35 hours during most of the weeks they worked; part-time (PT) workers worked fewer than 35 hours. Part-year workers were employed for fewer than 50 weeks of the year.

**n** The industry breakdown for the private sector matches that used by the Agency for Healthcare Research and Quality in the Medical Expenditure Panel Survey—Insurance Component data for Maryland.





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